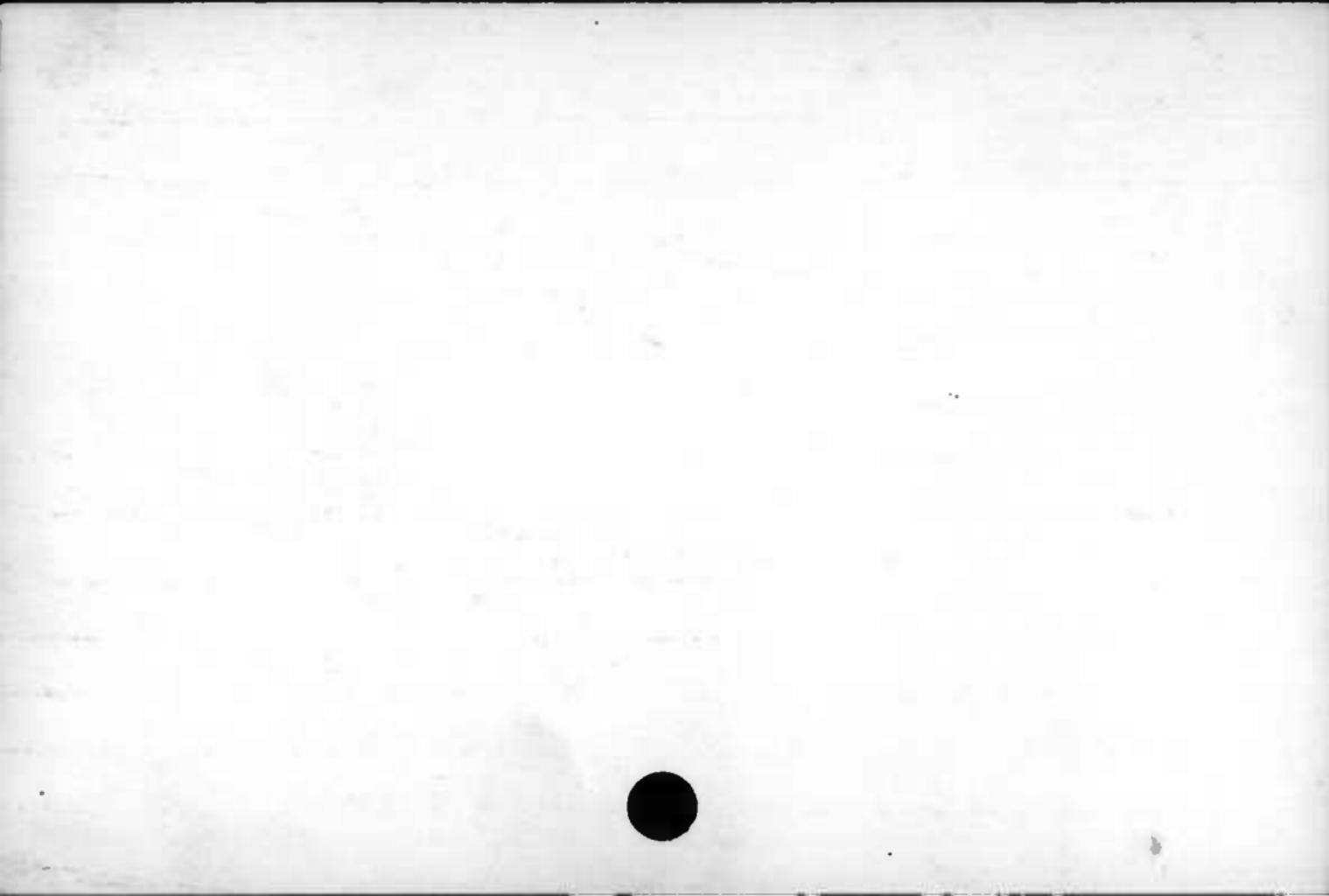


Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

John W. Baile						CERTIFICATE OF DEATH	
Died at Milton			County Dorchester			MARYLAND	
Date of death	Month	Day	Years	Age	Months	Days	
1908	March	13	-	-	11	11	
Sex Male	Color or Race Col	Birth-place Dor Co. Md.					
Occupation Infant	Where Residing if not at place of death						
Married, Single or Widowed Infant	Name of Wife or Husband Infant	Father's Birthplace Dor Co. Md.					
Father's Name Jacob Baile	Mother's Maiden Name Malinda J. Camper	Mother's Birthplace Dor Co. Md.					
Name of person giving Information Malinda J. Camper	How related to deceased Mother						
CAUSES OF DEATH							
Primary Pertussis	8	How long Five weeks					
Immediate Cerebral Haemorrhage	6	How long six hours					
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician Victor E. Carroll, M.D.					
		Address Cambridge, Md.					
Accident or Suicide?							



Name
in
Full

Cerena Bayly

CERTIFICATE OF DEATH

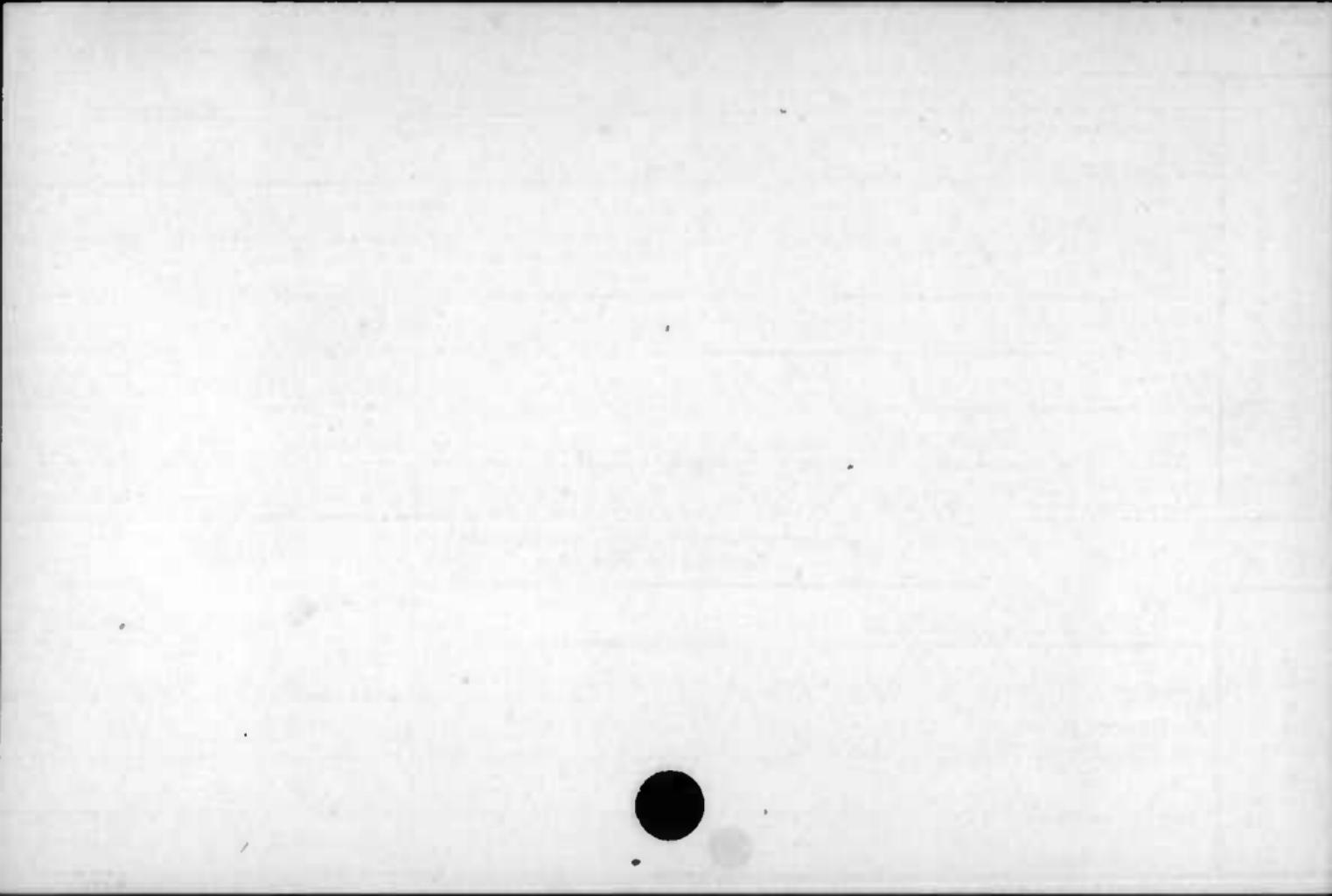
To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	William Bayly			
Father's Name	Dont Know				
Mother's Maiden Name	Dont Know				
Name of person giving Information	Henry Hayes				
CAUSES OF DEATH					
Primary	Paralytic Stroke				
Immediate	" "				
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	66		
How long					
How long					

PHYSICIAN
OR CORONER

Address	Anne Eleanor Brainerd Justice of the Peace				
Accident or Suicide?					



Name
in
Full

Elizabeth L. Bradley

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	white	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Thomas J. Bradley			
Father's Name	Don't Know				
Mother's Maiden Name	Don't Know				
Name of person giving Information	John P. Bradley				

CAUSES OF DEATH

104

How long

years

How long

two weeks

PHYSICIAN
OR CORONER

Primary

Don't Know

Immediate

Stomach trouble

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Bruce

Clement Bulwane
Justice of the Peace

Accident or Suicide?



Name
in
Full

Rebecca Jeannette Bramble

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County			MARYLAND		
Died at East New Market	Dorchester					
Date of death 1908	Month March	Day 6	Years 64	Months 2	Days 18	
Sex Female	Color or Race white	Birth-place Maryland				
Occupation House wife	Where Residing if not at place of death East New Market					
Married, Single or Widowed Married	Name of Wife or Husband Joseph King Bramble				Father's Birthplace	Maryland.
Father's Name	Lionard			Mother's Birthplace	Maryland	
Mother's Maiden Name Mary Francis Lovett				How related to deceased Sow.		
Name of person giving information George Otis Bramble						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Bright's disease, fatty heart, old age.

120

How long

15 years.

How long

Immediate

Cardiac asthma & choking on mucus.

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

H.V. Harbaugh, M.D.,

Address

East New Market,
Md.

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Margaret A. Bromfield-

was

Town

County

CERTIFICATE OF DEATH

MARYLAND

Died at Bowdoin's Dorchester

Date of death 1908 Month 3 Day 31 Years 66 Months -5- Days 78

Sex female Color or Race white Birth-place Dorchester Co Md.

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of wife of
Husband

George D Bromfield

Father's Name

Jas B Thompson

Father's Birthplace

Dorches to Co

Mother's Maiden Name

Margaret A Lord

Mother's Birthplace

11

Name of person giving information

Dot Mitchell

How related to deceased

sister in law

CAUSES OF DEATH

27

How long

6 months

How long

—

PHYSICIAN
OR CORONER

Primary

Tuberculosis

Immediate

Anesthesia

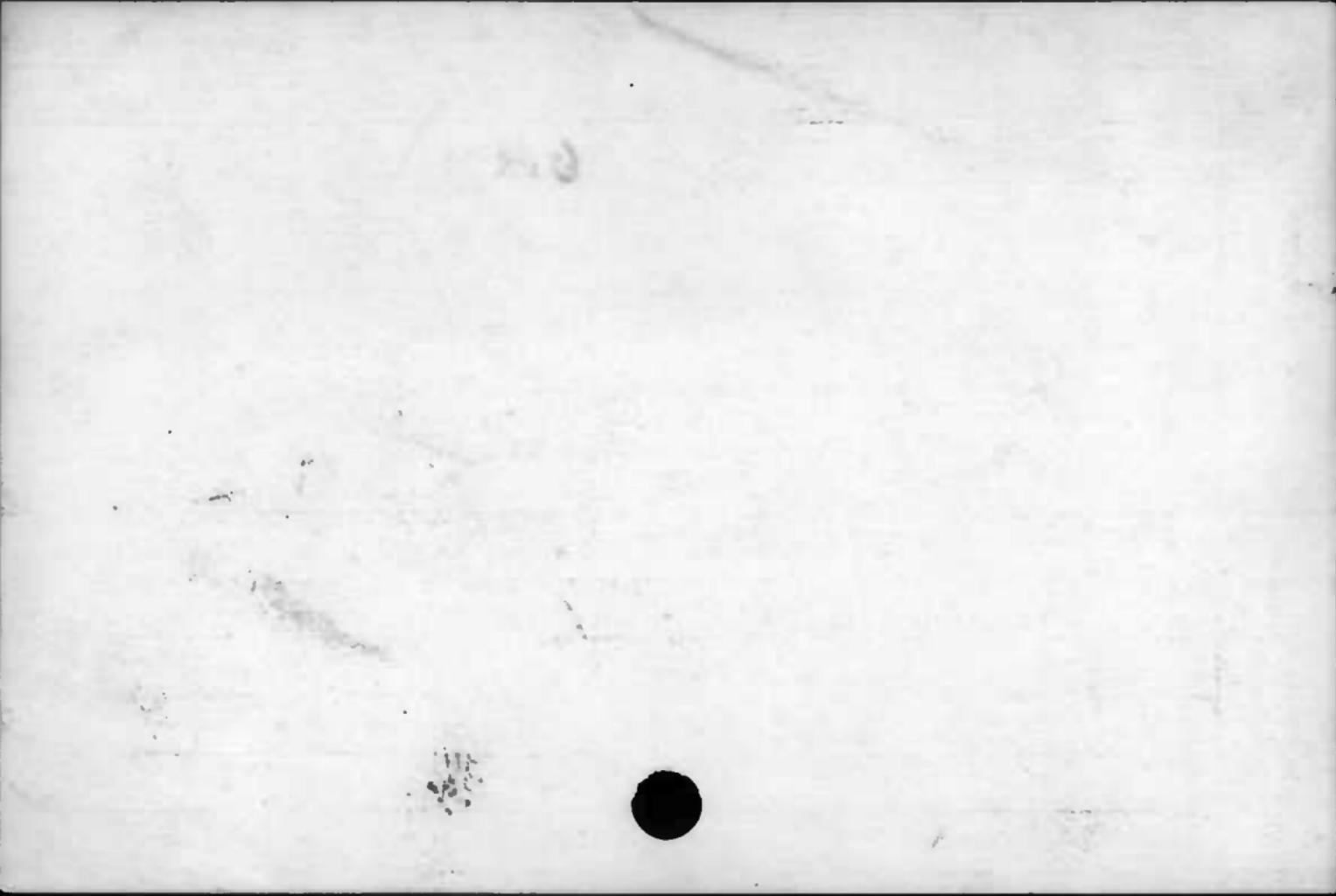
Are the name, age, sex, color, date and place correctly given above?

Signature of
Physician

Martie Woldsbrough

Address

Accident or Suicide?



Name
in
Full

Pack Coleman

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Goppoy Field	Cambridge	Dorchester			
Date of death	Month	Day	Years	Months	Days
1908	March	30	63		
Sex	Color or Race	Occupation	Where Residing if not at place of death	Birthplace	
Male	Colored	Laborer	Margaret Coleman	Dorchester Co.	
Married, Single or Widowed	Name of Wife or Husband	Father's Name	Father's Birthplace	Dorchester	
Margret	Margaret Coleman	Ephraim Coleman	Dorchester		
Mother's Maiden Name	Don't Know	Mother's Birthplace	Don't Know		
Name of person giving information	Wm. Coleman	How related to deceased	Son		

CAUSES OF DEATH

79

How long

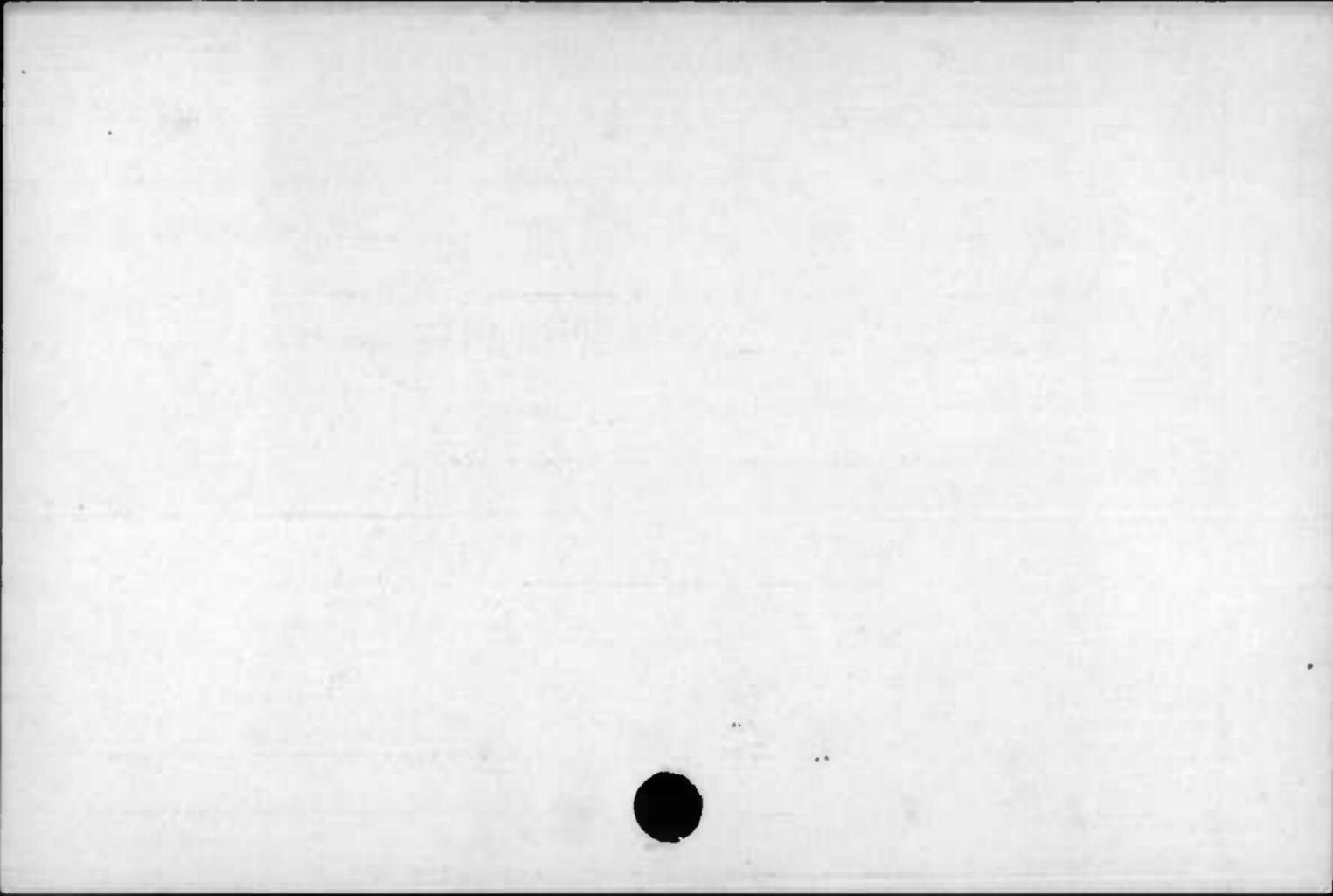
Don't know.

How long

Very short.

PHYSICIAN
OR CORONER

Primary	Valvular Heart Disease-Arterio-Sclerosis		How long
Immediate	Heart Failure		Don't know.
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	E.E. Weaff
		Address	Cambridge, Md.
Accident or Suicide?			



Name
in
Full

Margerer A Callison

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died et	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	71 -	-	-
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	John Callison	Father's Birthplace	Maryland		
Mother's Maiden Name	Lindstrom	Mother's Birthplace	Maryland		
Name of person giving information	Tom Nichols.	How related to deceased	Friend.		

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary

Senility

Immediate

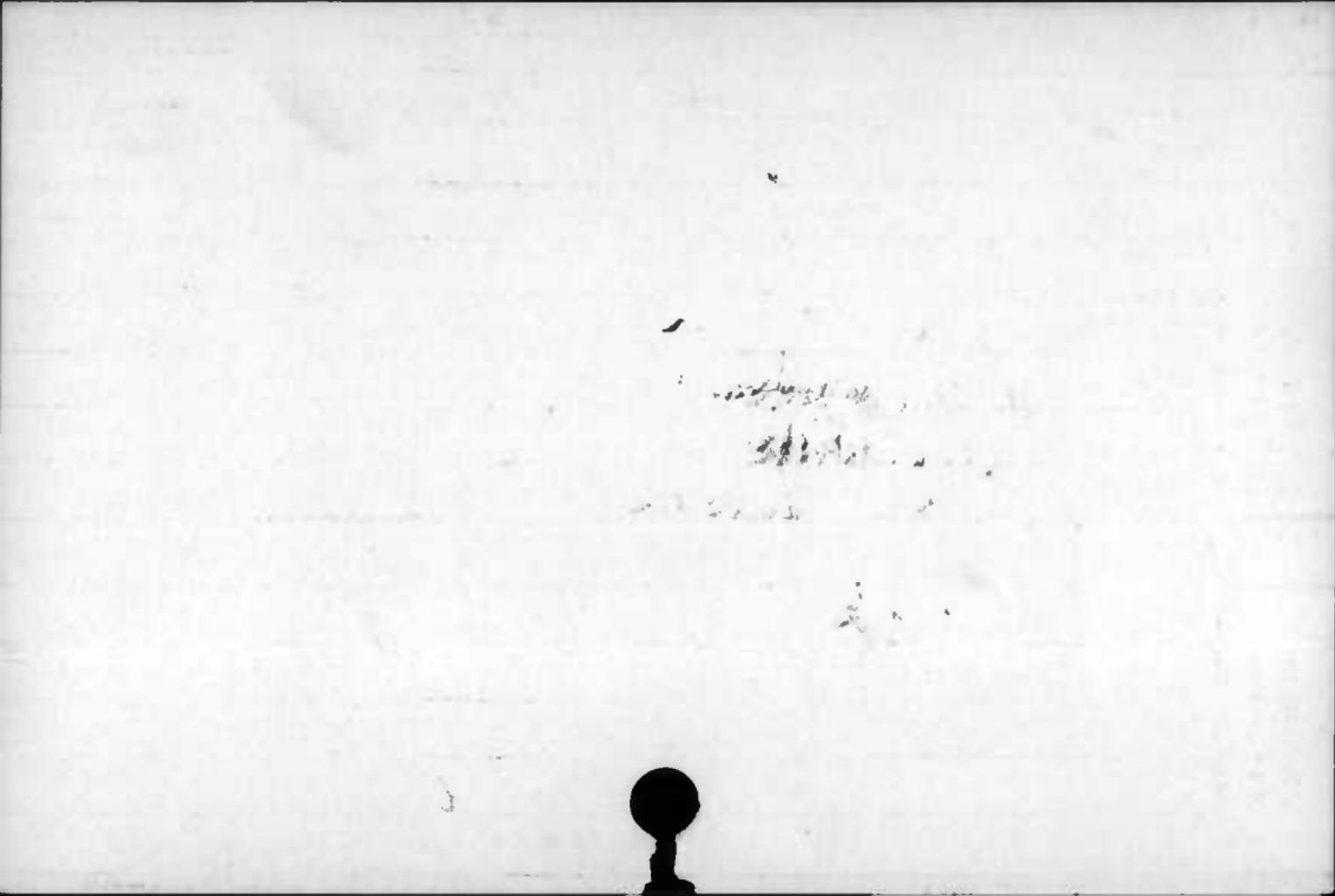
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

A. H. Blane
Baltimore MD

Accident or Suicide?



Name
in
Full

Isabelle Cook

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Cambridge	County	MARYLAND		
Date of death	Month	Day	Age	Years	Months	Days
1908	3	27	—	—	6	—
Sex	Female	Color or Race	Colored	Birth-place	Cambridge	
Occupation	None	Where Residing if not at place of death	—	—	1	
Married, Single or Widowed	Single	Name of Wife or Husband	—	Father's Birthplace	Baltimore	
Father's Name	Jos. H. Cook	Mother's Birthplace	Pennsylvania	Mother's Maiden Name	Mother	
Mother's Maiden Name	Ida Wilson	How related to deceased	—	Name of person giving information	Ida Cook	—

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary *gastrointestinal diarrhea*

How long

Immediate *exhaustion*

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

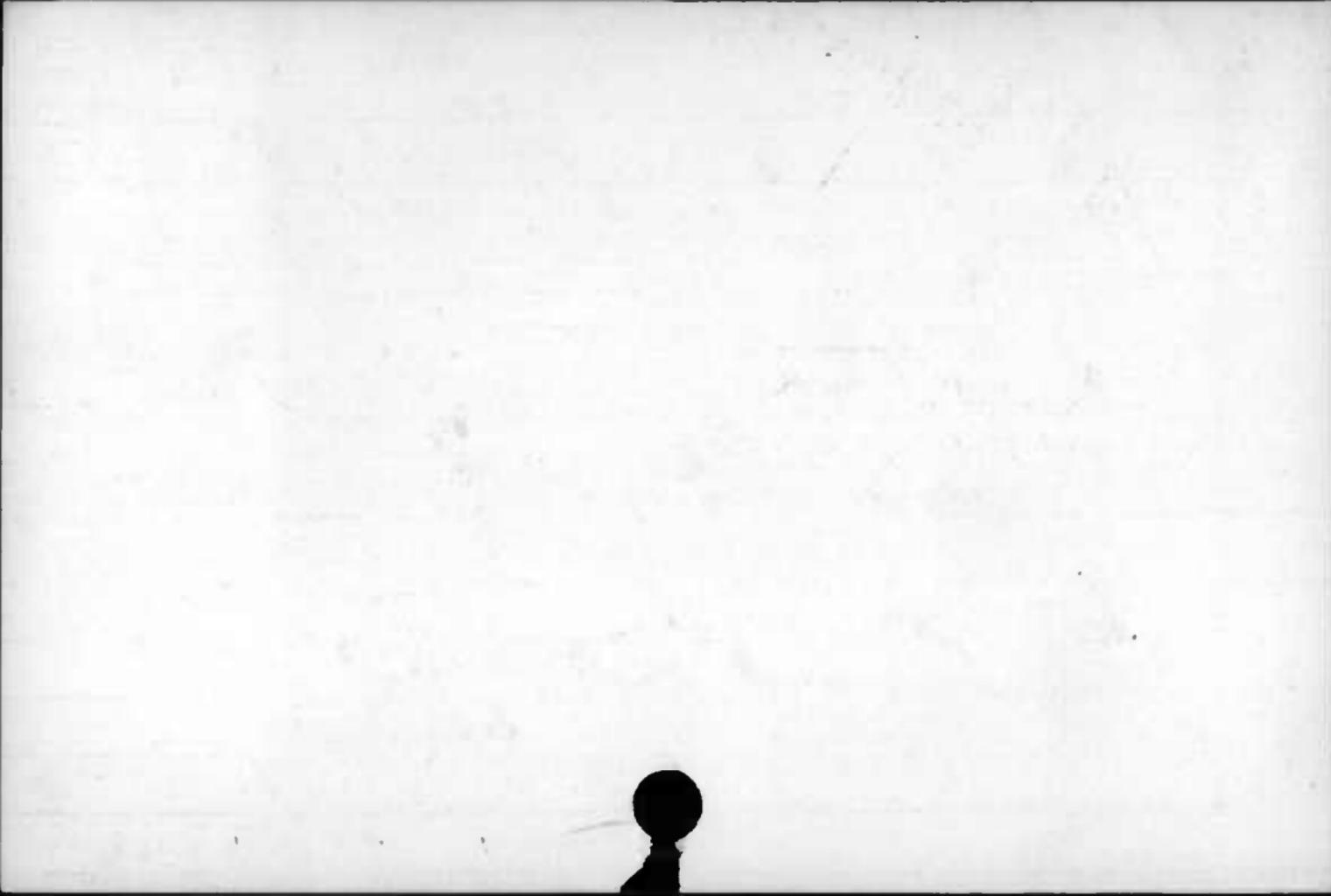
Guy Steele

Address

Cambridge Md

Accident or Suicide?

Never ran outside until after death



Name
in
Full

Mary E Connon

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1908	Month 3	Day 13	Age 59	Years	Months 9 Days 23
Sex female	Color or Race white	Occupation	Birth-place Dor 60		
Married, Single or Widowed	Husband	survive			
Name of Wife or Husband	John G Connon				
Father's Name	Seas Rhodes		Father's Birthplace	Dorchester Co Md	
Mother's Maiden Name	Mary Thomas		Mother's Birthplace	Dor Co	
Name of person giving information	J J Frompton		How related to deceased	natural	

CAUSES OF DEATH

10

How long

How long

PHYSICIAN
OR CORONER

Primary

Sympath

Immediate

Pneumonia at its median

Are the name, age, sex, color, date and place correctly given above?

Yes

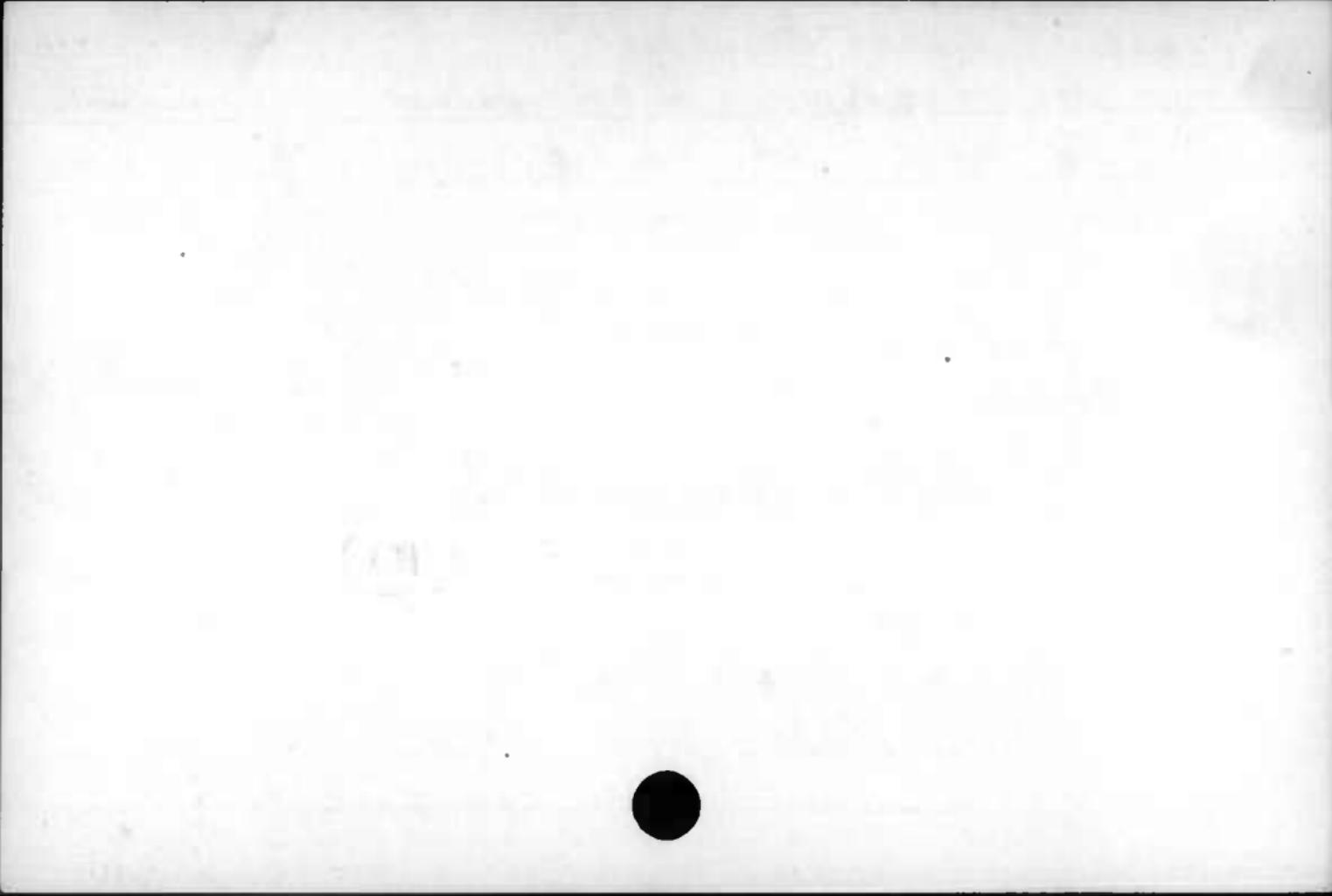
Signature of Physician

Address

G Rogers Myers
Henderson

md

Accident or Suicide?



Name
in
Full

Percy Edward Duncan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1908	Mar	Day	Years	Months	Days	
Sex	Male	Color or Race	African	Age	1	9	
Married, Single or Widowed		Occupation	None	Birth-place	Hurstock		
Name of Wife or Husband	None			Father's Birthplace	Elwogel	Dorchester Co MD	
Father's Name	Edward Duncan			Mother's Birthplace	Dorchester Co		
Mother's Maiden Name	Emma V Henderson			How related to deceased	Father		
Name of person giving information	Edward G Duncan						

CAUSES OF DEATH

10

How long

Since birth

How long

19 days

PHYSICIAN
OR CORONER

Primary

Rickets

Immediate

Bronchitis & Grippe

Are the name, age, sex, color, date and place correctly given above?

Yes

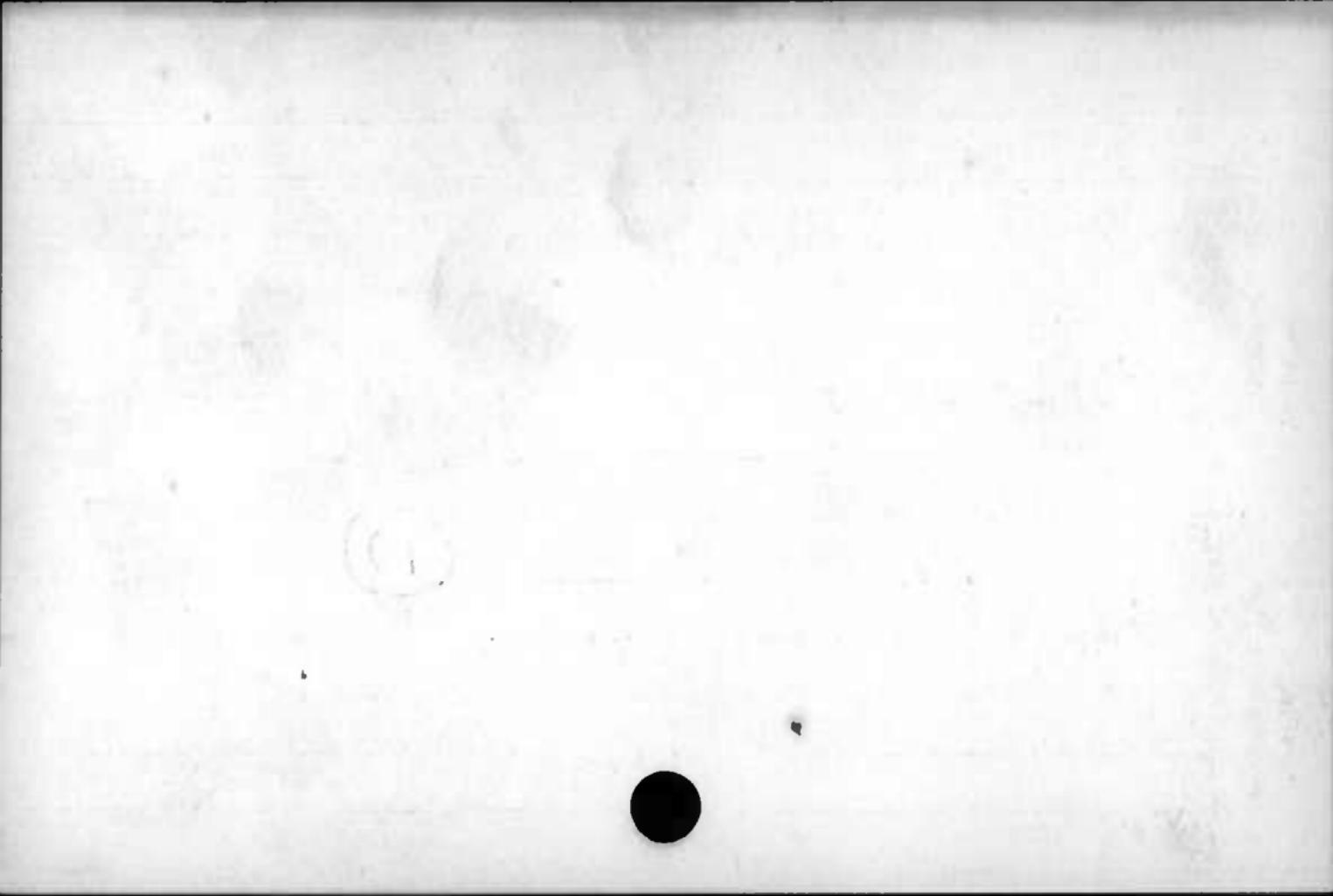
Signature of Physician

Address

C. S. Fleming

Hurstock Md.

Accident or Suicide?



Name
in
Full

Maud Elliott-

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	CITY	
Cambridge		Dorchester	Co	MARYLAND
Date of death	Month	Day	Years	Months Days
1908	March	17	Age 24	— —
Sex	Female	Color or Race	Black	
Occupation	House Keeper		Where Residing if not at place of death	
Married, Single or Widowed	Single	Name of Wife or Husband	Cambridge	
Father's Name	Fayre Elliott		Father's Birthplace	Bucklow
Mother's Maiden Name	Sarah Jackson		Mother's Birthplace	Bucklow
Name of person giving information	Fayre Elliott		How related to deceased	Hether

CAUSES OF DEATH

129

PHYSICIAN
OR CORONER

Primary	Pelvic abscess & fibroid uterus	How long	Some months
Immediate	Obstruction of Bowels	How long	Some days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Physician's address
Yes		Boggsboro, borough Cambridge Md	

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Joseph S. Holliday					CERTIFICATE OF DEATH		
Died at	Town	Harlocke			County	Maryland	
Date of death	Month	Day	Years	Age	Months	Days	
1908	March	11 th	32	32	-	-	
Sex	Male	Color or Race	Colored	Birth-place	Md		
Occupation	Laborer			Where Residing if not place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Susie E Boyce				
Father's Name	Westley Holliday			Father's Birthplace	Md		
Mother's Maiden Name	Leah Pickett			Mother's Birthplace	Md		
Name of person giving information	Samuel. Boyce			How related to deceased	Father in law		

CAUSES OF DEATH

10

How long

5 days

How long

5 days

Primary

Cholera

Immediate

Pneumonia

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

W. J. Maguire

Address

Harlocke Md

Accident or Suicide?



Name
in
Full

Dorrel Holliday

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
1908	March	20	10	—	—	
Sex	Female	Color or Race	colored	Birth-place	Md	
Occupation	School Girl		Where Residing if not at place of death	—		
Married, Single or Widowed	Name of Wife or Husband		—			
Father's Name	Geo A Holliday		Father's Birthplace	Md		
Mother's Maiden Name	Amanda Colbyton		Mother's Birthplace	Md		
Name of person giving information	Geo. A Holliday		How related to deceased	Father		

CAUSES OF DEATH

10

How long

1 week

PHYSICIAN
OR CORONER

Primary

Labor & Puerperal

Immediate

Bronchitis Pneumonia

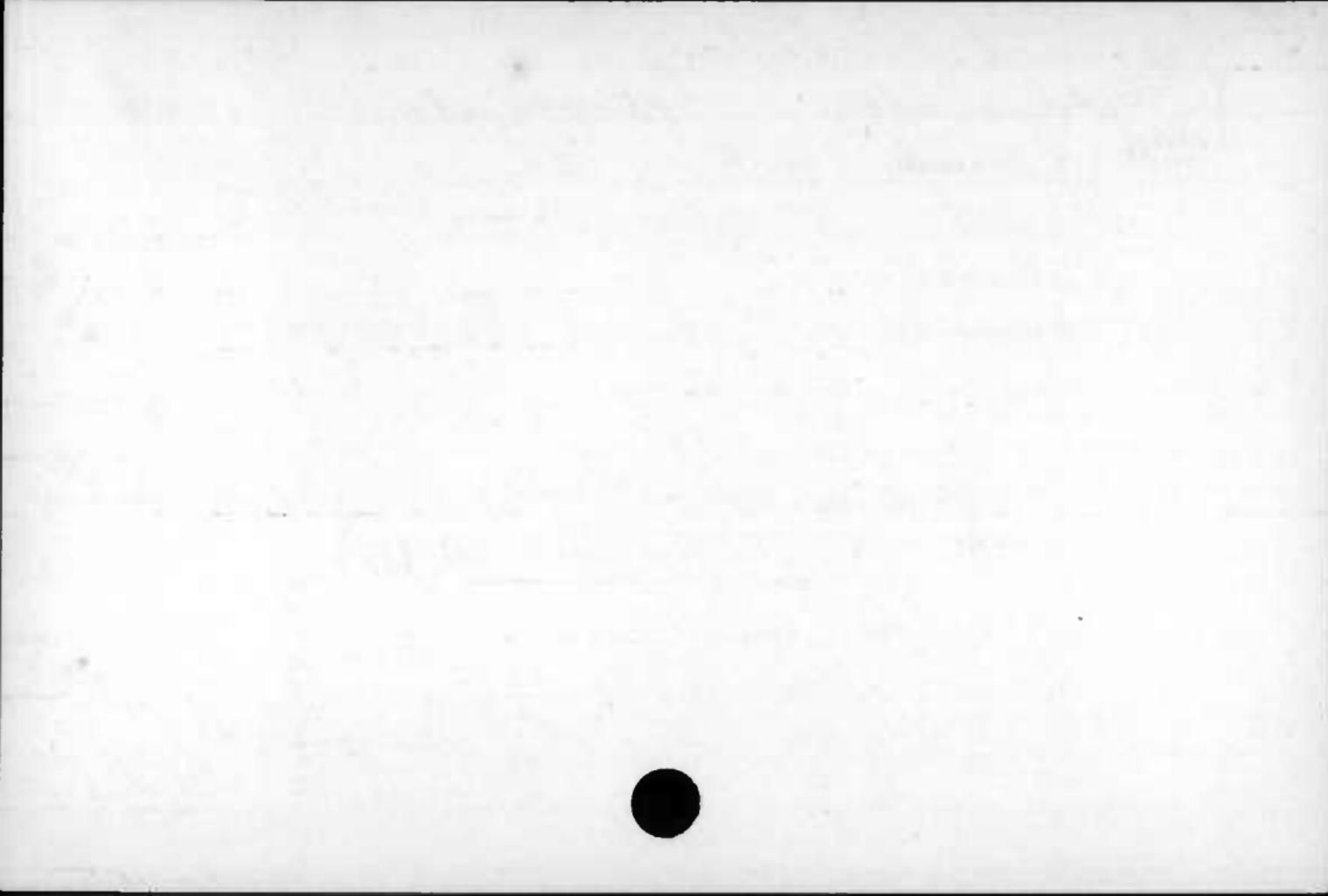
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

S. Maguire
Holliston
Md

Accident or Suicide?



Name
in
Full

Josiah Hughes

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town Cambridge	County Dorchester	MARYLAND
Date of death	Month 1908 Mar	Day 28	Years 19
Sex	Male	Color or Race Colored	Months 1
Occupation	Saborer	Where Residing if not at place of death	Days
Married, Single or Widowed	Single	Name of Wife or Husband	
Father's Name	Dennis Moore	Father's Birthplace Dorchester	
Mother's Maiden Name	Millie J Hughes	Mother's Birthplace Dorchester	
Name of person giving Information	Katie Hughes	How related to deceased Grandniece	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Suberculosis (General)

34

How long

18 months

Immediate

Anæmia

How long

in

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Sexton P. Reynolds M.D.

Cambridge Md

Accident or Suicide?



Name
in
Full

Sarah E. Hughes

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Cambridge	Dorchester			
Date of death	Month	Day	Years	Months	Days
1908	March	1 st	Age 31		
Sex	Female	Color or Race	Colored	Birth-place	Church Creek
Occupation	Housewife	Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	William J. Hughes	Father's Birthplace	Don't Know
Father's Name	Makelhai Bonnich			Mother's Birthplace	Madison
Mother's Maiden Name	Annie Marine			How related to deceased	Husband
Name of person giving information	W. J. Hughes				

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary

Tuberculosis

How long

Can't say -

Immediate

Exhaustion

How long

Gradual

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

E. E. Wolff
Cambridge, Md

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH					
Died at <u>Wright's Wharf</u> Town <u>Baltimore</u>			County <u>Baltimore</u>		
Date of death <u>1908</u>	Month <u>March</u>	Day <u>21</u>	Age <u>6</u>	Years <u>8</u>	Months <u>8</u> Days <u>4</u>
Sex <u>Male</u>	Color or Race <u>Calves</u>	Birth-place <u>Baltimore</u>			
Occupation <u>Sold by</u>	Where Residing if not at place of death <u>Same</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>None</u>				
Father's Name <u>Doris Grace</u>	Father's Birthplace <u>Don't know</u>				
Mother's Maiden Name <u>Hesley M. Jenkins</u>	Mother's Birthplace <u>Md</u>				
Name of person giving Information <u>Jos Jenkins</u>	How related to deceased <u>Grandfather</u>				

CAUSES OF DEATH

108

Primary Intestinal Obstruction

How long

4 days

Immediate Peritonitis

How long

24 hours

Are the name, age, sex, color, date and place correctly given above?

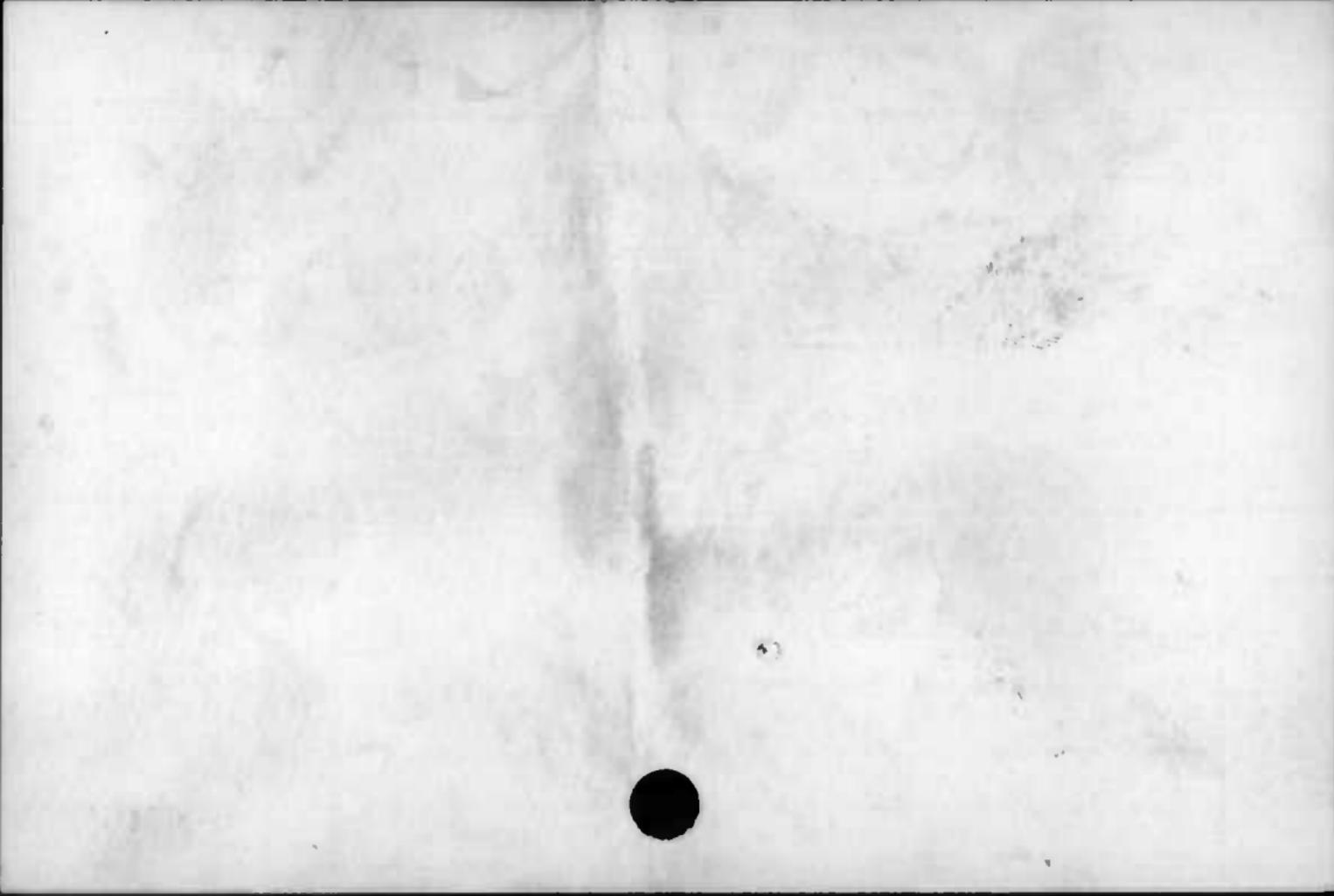
yes

Signature of Physician

Address

Hayward Dawes
Trenton

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

James Johnson

CERTIFICATE OF DEATH

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Male	Age	10 2		
Occupation	Color or Race	Birth-place	Md.		
Married, Single or Widowed	Name of Wife or Husband	Where Residing if not at place of death			
Father's Name	Alexander Johnson	Father's Birthplace	Md		
Mother's Maiden Name	Lizzie Jackson	Mother's Birthplace	Md		
Name of person giving Information	B Alexander Johnson	How related to deceased	Father		

CAUSES OF DEATH

⑥

PHYSICIAN
OR CORONER

Primary

Measles

How long

1 week

Immediate

Pneumonia

How long

1 week

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

O. J. Maguire
Hawlock

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

John W Jolley

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	1908	Month March	Day 24 th	Years 29	Months	Days
Sex	Male	Color or Race	Colored		Birth-place	Maryland
Married, Single or Widowed	Married		Occupation	Laborer		
Name of Wife or Husband	Mary E Jolley					
Father's Name	James Jolley		Father's Birthplace	Md		
Mother's Maiden Name	Moongate Sampson		Mother's Birthplace	Md		
Name of person giving Information	Charles W Jolley		How related	Brother		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary

Pneumonia

How long

12

Immediate

Pneumonia

How long

month

Are the name, age, sex, color, date and place correctly given above?

Yes

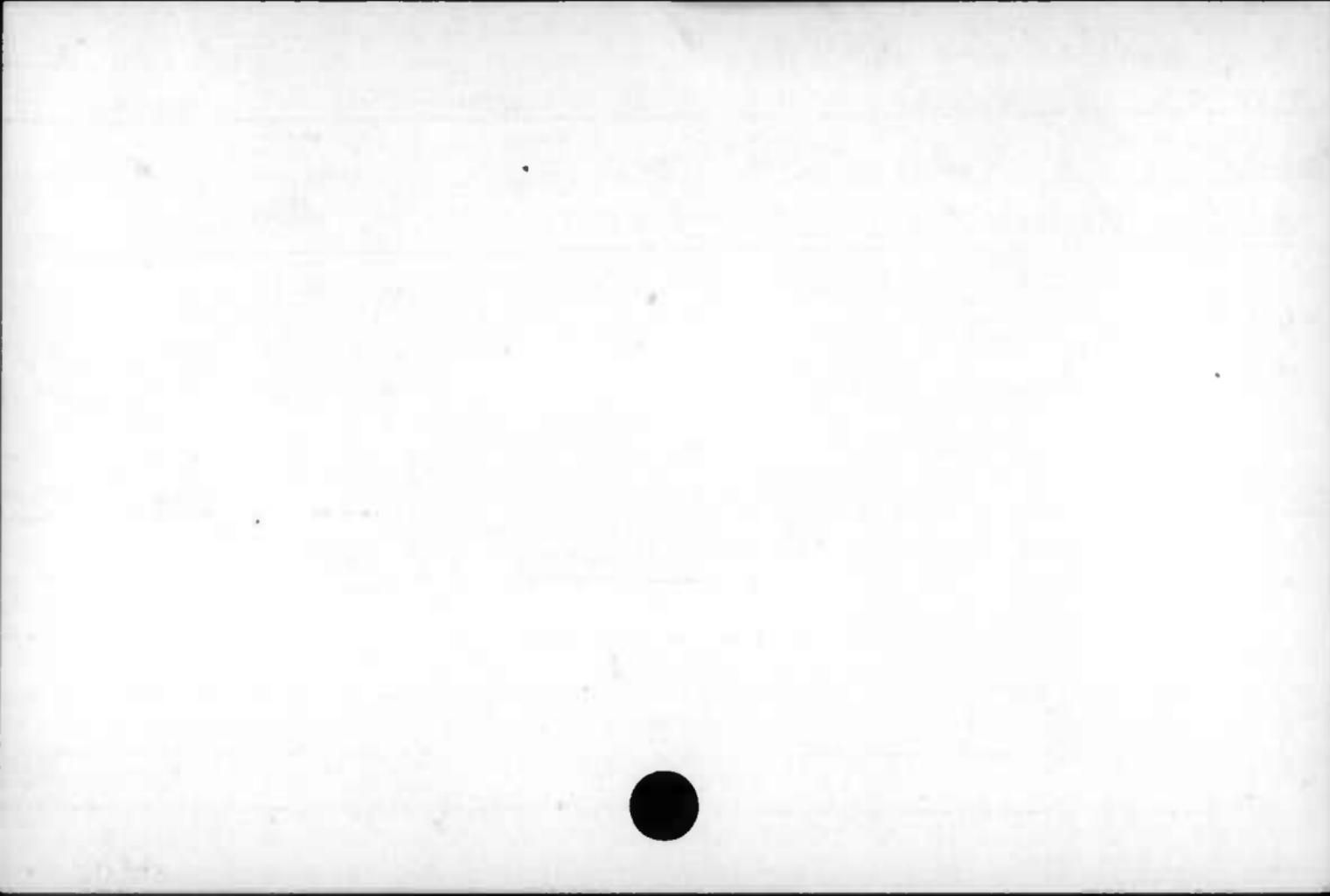
Signature of Physician

O.F. Maguire

Address

Hurlock Md

Accident or Suicide?



Name
in
Full

Holloman, Jones

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Shenandoah	Town	County	or	MARYLAND	
Date of death	1908	Month 3	Day ✓	Years ✓	Months —	Days 6
Sex	female	Color or Race	beach	Birth-place	Shenandoah Co	
Married, Single or Widowed	single	infant	Occupation			
Name of Wife or Husband	none					
Father's Name	Noah Jones	Father's Birthplace	Shenandoah Co			
Mother's Maiden Name	Wife Mary Mc Beattie	Mother's Birthplace	Shenandoah Co			
Name of person giving information	Noah Jones	How related to deceased	Father			

CAUSES OF DEATH

151

How long

How long

PHYSICIAN
OR CORONER

Primary
malnutrition

Immediate
starvation

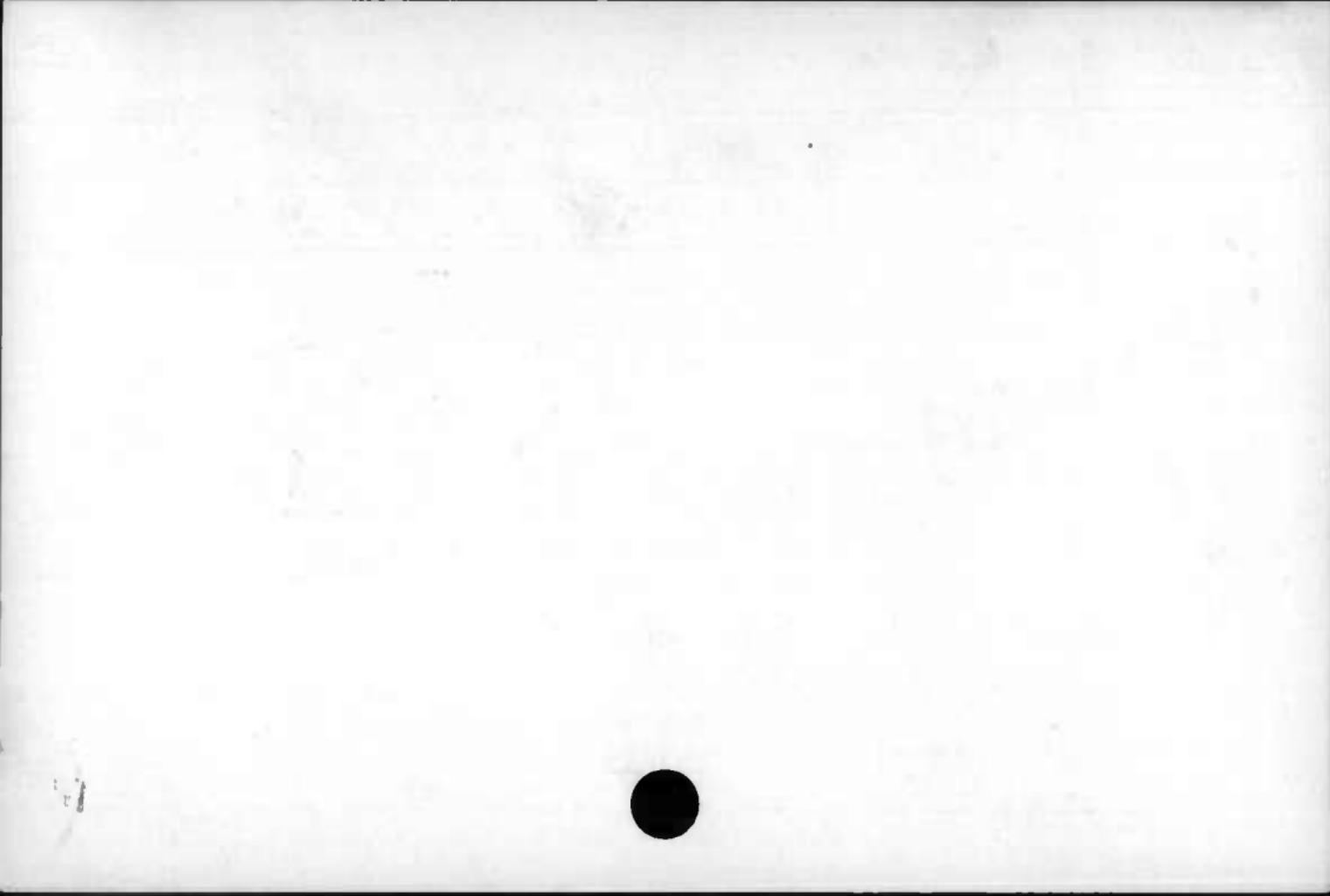
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Roger Myers
Hawthorne Md

Accident or Suicide?



Name
in
Full

James Kane

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town Died at	Cambridge		County	MARYLAND	
Date of death	Month	Day	Years	Months	Days
1908	July.	23	Age 61	—	—
Sex	Male	Color or Race	BLK.	Birth- place	Md.
Occupation	Labour		Where Residing if not at place of death	—	
Married, Single or Widowed	MARRIED	Name of Wife or Husband	Emily Kane		
Father's Name	James Kane		Father's Birthplace	Md	
Mother's Maiden Name	Unknown		Mother's Birthplace	Unknown.	
Name of person giving Information	Lewis Kane		How related to deceased	Son	

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary

Arthritis + Arterio-Sclerotic

Now living

Can't say

Immediate

Heart Failure

How long

short

Are the name, age, sex, color, date
and place correctly given above?

yes

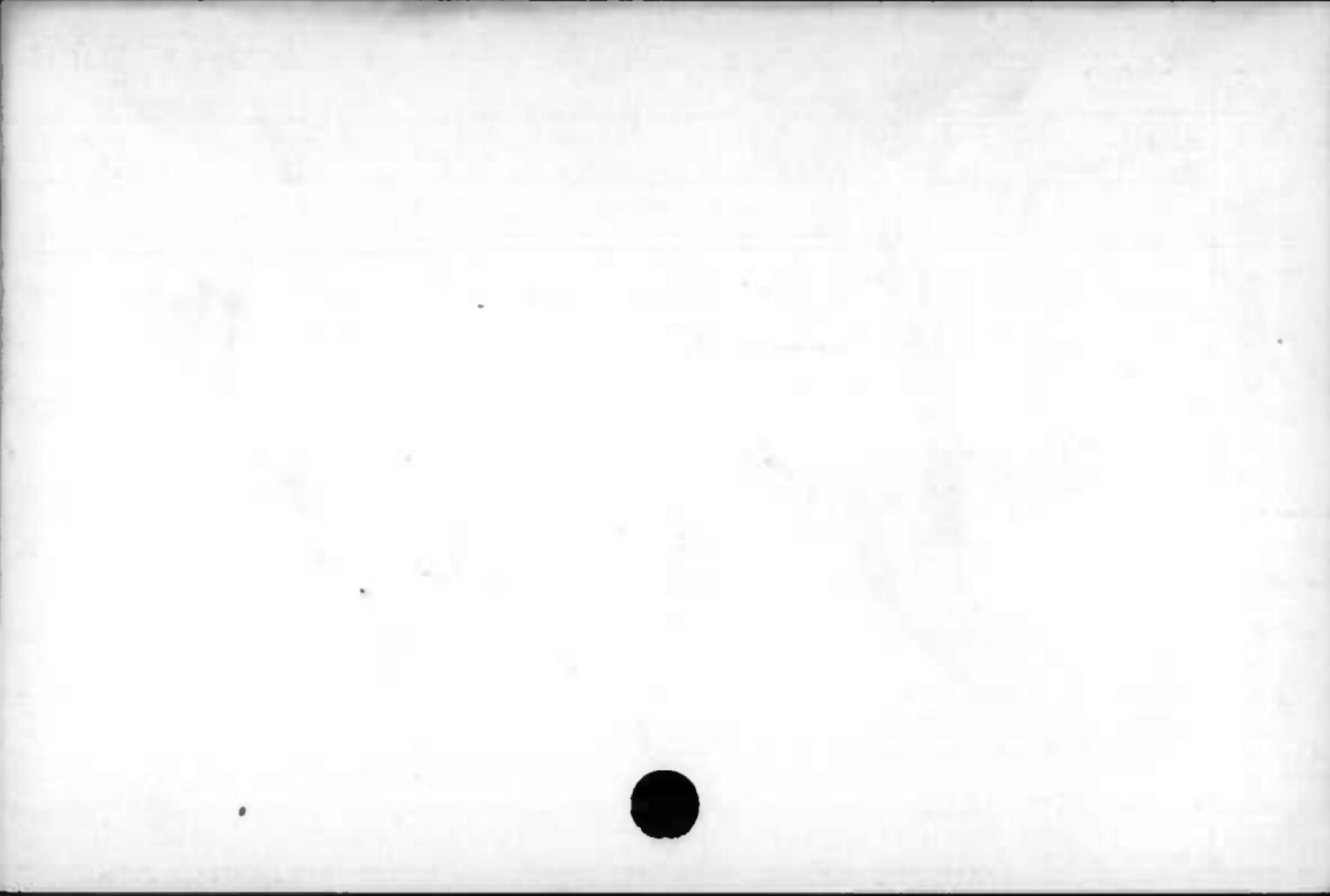
Signature of
Physician

Address

E.E. Wolff

Cambridge Md.

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Mary Feltine Kaua
Huebler

CERTIFICATE OF DEATH

MARYLAND

Died at	Town	County	Sex		
Date of death 190	Month	Day	Years	Months	Days
8	3	21	1	1	21
Sex	Color or Race	Occupation	Birth-place		
Married, Single or Widowed	Single	none	Dor. Co.		
Name of Wife or Husband	none				
Father's Name	John Sloane		Father's Birthplace	Dor. Co.	
Mother's Maiden Name	Addie Muster		Mother's Birthplace	Dor. Co.	
Name of person giving information	Fredericka		How related to deceased	father	

CAUSES OF DEATH

179

How long

How long

PHYSICIAN
OR CORONER

Primary

overdose

Immediate

overdose

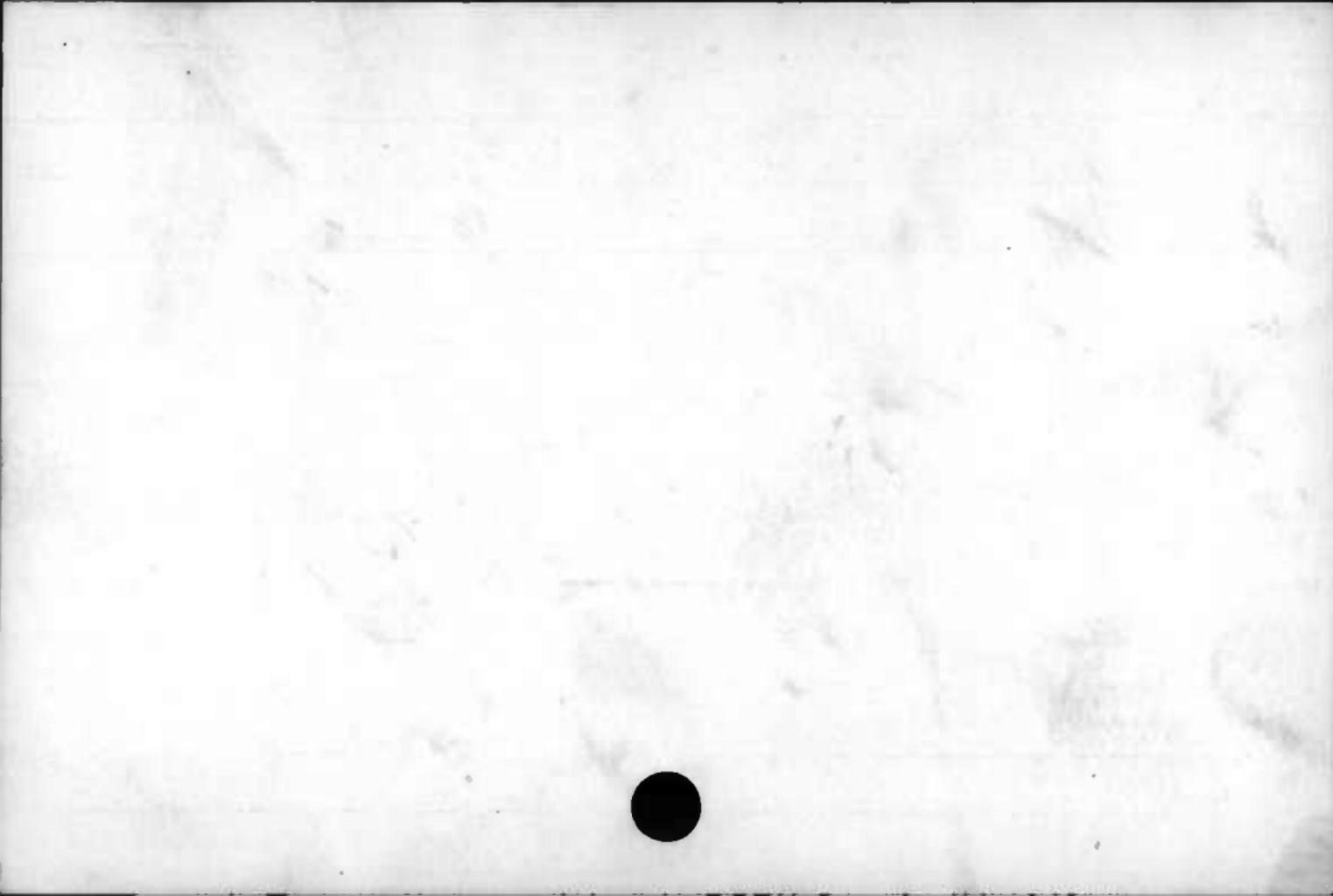
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

G. Rogg Myer

Accident or Suicide?



Name
in
Full

Henry P. Langral

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Cambridge		Town	County Dorchester		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1908	Mar.	17	3	1		
Sex Male	Color or Race White	Birth-place Maryland				
Occupation None	Where Residing if not at place of death Cambridge Md					
Married, Single or Widowed Single	Name of Wife or Husband					
Father's Name Henry W. Langral	Father's Birthplace Maryland					
Mother's Maiden Name Olivia A. Mills	Mother's Birthplace Unknown					
Name of person giving information Henry W. Langral	How related to deceased Father					

CAUSES OF DEATH

19

PHYSICIAN
OR CORONER

Primary	Pneumonia - Mumps		How long 2½ weeks - 4 days.
Immediate	Heart Failure		How long short.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician E. E. Wolff	
		Address Cambridge, Md	
Accident or Suicide?			



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

•

Jessiah Lee

CERTIFICATE OF DEATH

Died at <u>Melton</u>		Town	County <u>Dorchester</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>May</u>	Day <u>15th</u>	Age <u>34</u>	Years	Months <u>7</u>	Days <u>13</u>
Sex <u>Male</u>	Color or Race <u>Col.</u>	Birth-place <u>Dor.co.Md.</u>				
Occupation <u>Caulker</u>		Where Residing if not at place of death <u>-</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Gay Brown</u>					
Father's Name <u>George W. Lee</u>	Father's Birthplace <u>Dor.co.Md</u>					
Mother's Maiden Name <u>Angie McSeamor</u>	Mother's Birthplace <u>Dor.co.Md</u>					
Name of person giving information <u>George W. Lee</u>	How related to deceased <u>Father</u>					

CAUSES OF DEATH

112

How long

True works

How long

3 mth days

Primary

Influenza hepatitis

Immediate

Pulmonary congestion

Are the name, age, sex, color, date and place correctly given above?

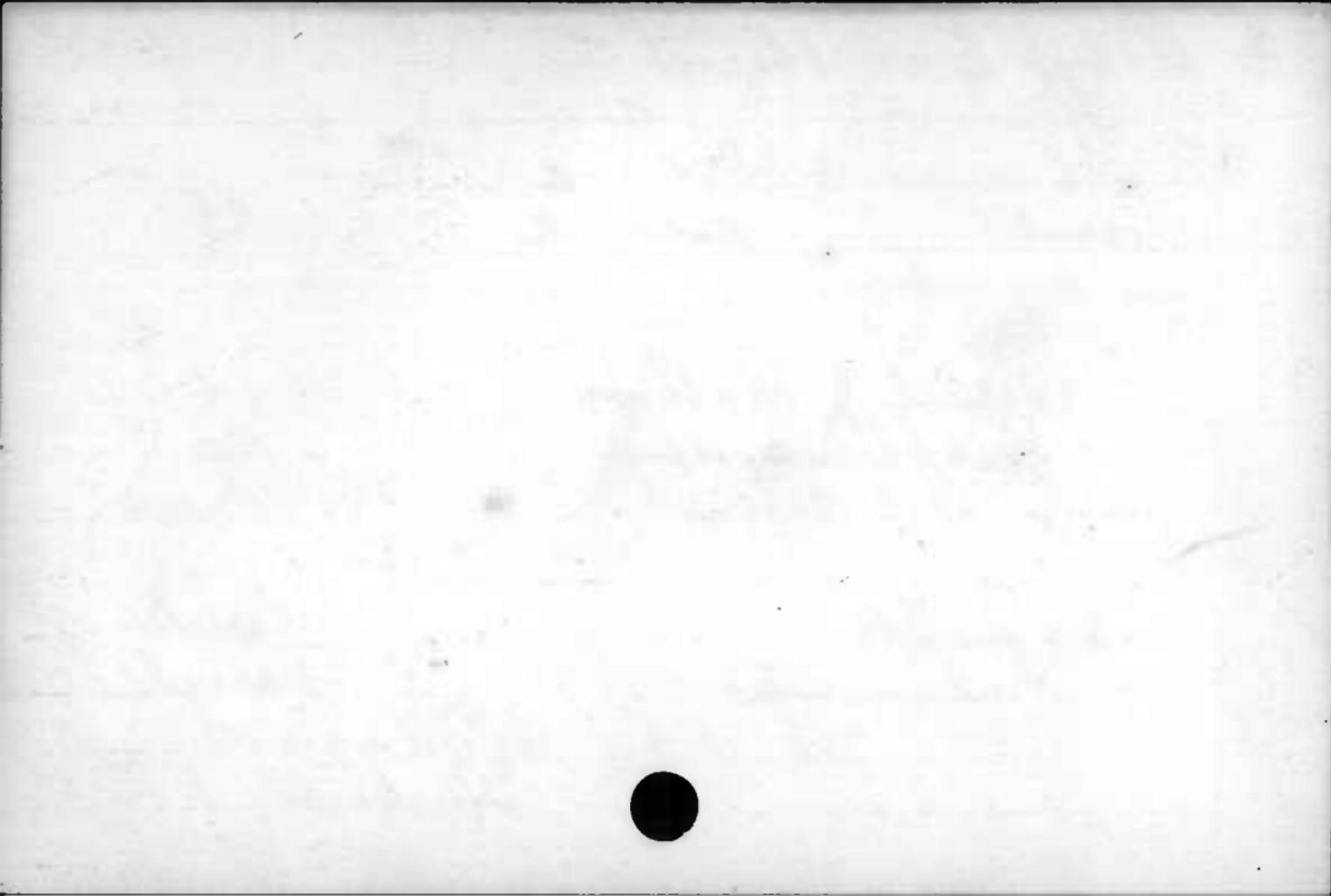
yes

Signature of Physician

Address

Tutor L. Carroll
Lambidge Md.

Accident or Suicide?



Name
In
Full

Silas L. Mathews

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1906	Month	Day	Years	Months	Days
Sex male	Color or Race	Where Residing if not at place of death			
Occupation					
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Daniel L. Mathews				
Mother's Maiden Name	Josephine Polly				
Name of person giving Information	D. L. Mathews				

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary

Lagrippe

How long

3 weeks

Immediate

Pneumonia

How long

1 week

Are the name, age, sex, color, date and place correctly given above?

Yes

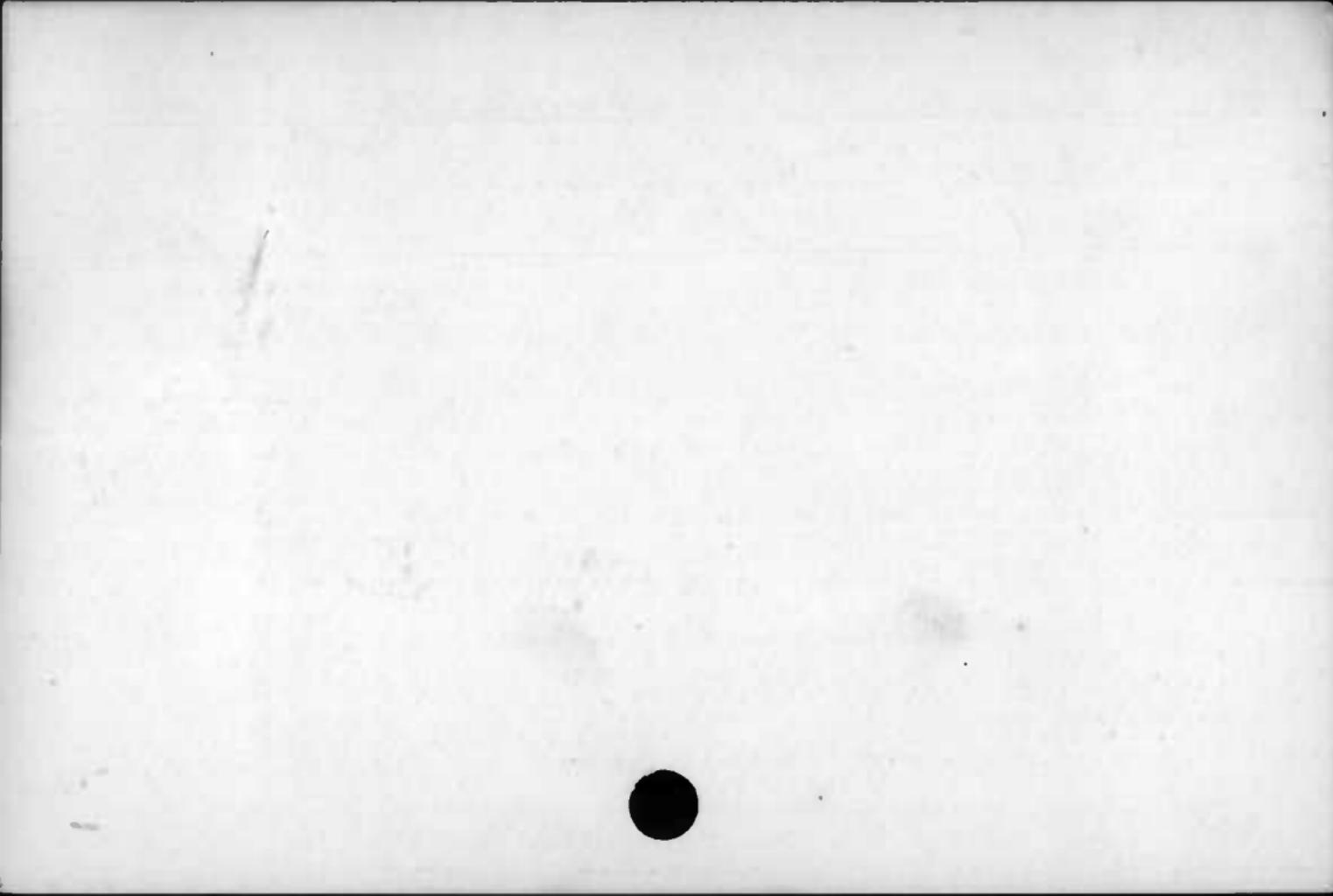
Signature of Physician

Address

B. J. Maguire

Hurlock Md

Accident or Suicide?



Name
in
Full

Keller Messick

CERTIFICATE OF DEATH

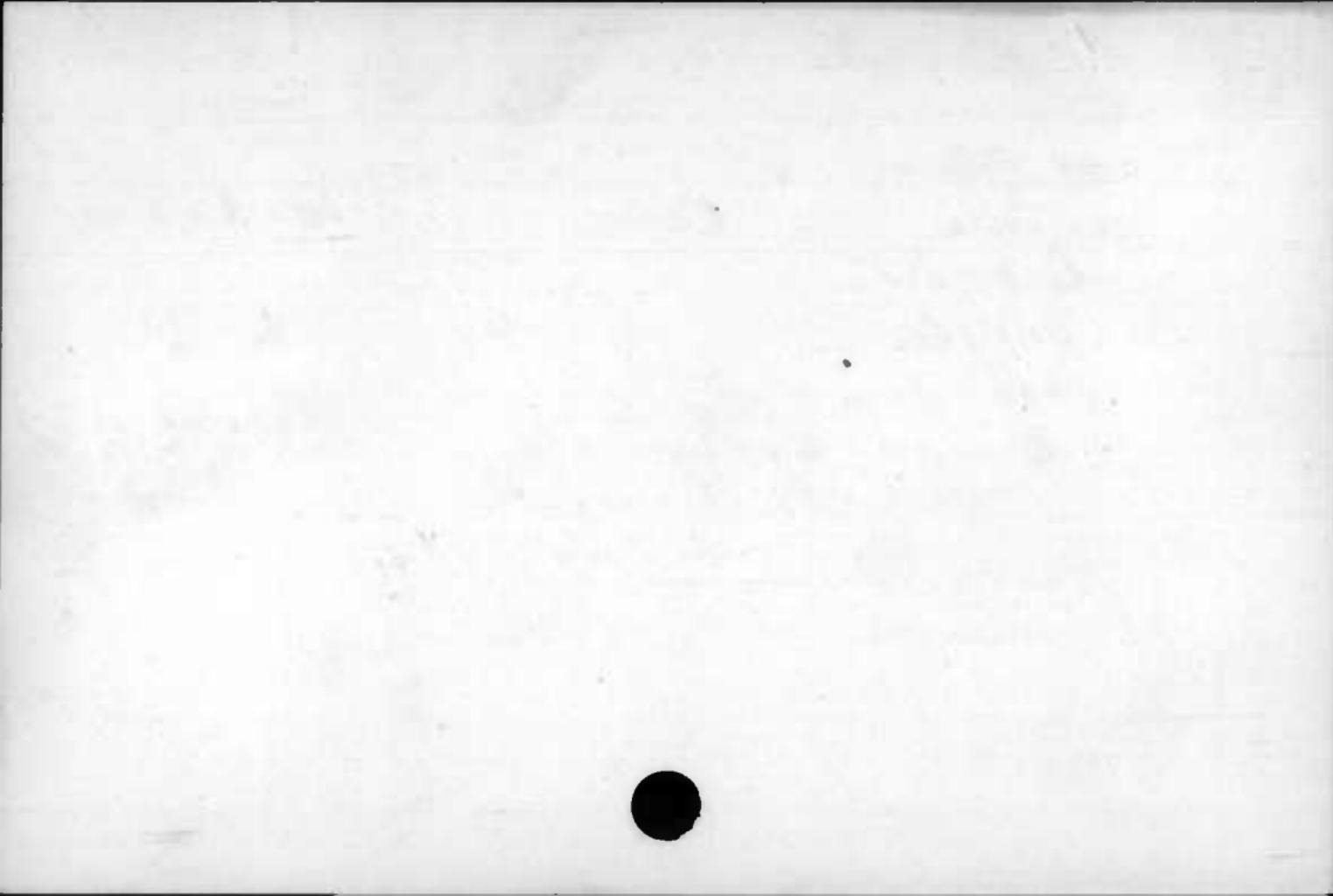
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1908	March	15	Age 60	—	—
Sex	Color or Race	Birth-place			
Female	White	Maryland			
Occupation	Where Residing if not at place of death				
House Wife	Cambridge				
Married, Single or Widowed	Name of Wife or Husband	John A. Messick			
Widow	Johnson Messick	Md			
Father's Name	John A. Messick				
Johnson	Md				
Mother's Maiden Name	Keller Tylar				
Name of person giving information	Ashley A. Messick				
Cause of Death					

41

PHYSICIAN
OR CORONER

Primary	Carcinoma of guttatives		How long	one day
Immediate	Peritonitis following operation		How long	2 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Guy Steele	
		Address	Cambridge Md.	
Accident or Suicide?				



Name
in
Full

Bertie Nichols

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1908	Mar	9 th	Age	17	-
Sex	Female	Color or Race	Col.	Birth-place	Dor. Co. Md.
Occupation	Cook		Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband	Single	Father's Birthplace	
Father's Name	Mugdineale			Mother's Birthplace	Dor. Co. Md
Mother's Maiden Name	Eliza C. Nichols			How related to deceased	Uncle to
Name of person giving information	Peter H. Nichols				

CAUSES OF DEATH

27

How long

about right mouth

How long

two hours

PHYSICIAN
OR CORONER

Primary

Pulmonary Tuberculosis

Immediate

Hunger

Are the name, age, sex, color, date and place correctly given above?

Y

Signature of Physician

Address

Harroll

Cambridge Md.

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Margareth Owens

CERTIFICATE OF DEATH

Died at Brooklynview

Town

County

Dor

MARYLAND

Date of death 1908 Month 3 Day 3 Years 73 Months — Days —

Sex female

Color or Race

white

Birth-place

Dor Co

Married, Single or Widowed

Single

Occupation

Housekeeper

Name of Wife or Husband

none

Father's Name

H. J. Owens

Father's Birthplace

unknown

Mother's Maiden Name

Banner

Mother's Birthplace

Dor Co

Name of person giving information

Thor Colleson

How related to deceased

Son in law

CAUSES OF DEATH

93

How long

1 week

How long

Primary

Pneumonia

Immediate

the same

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

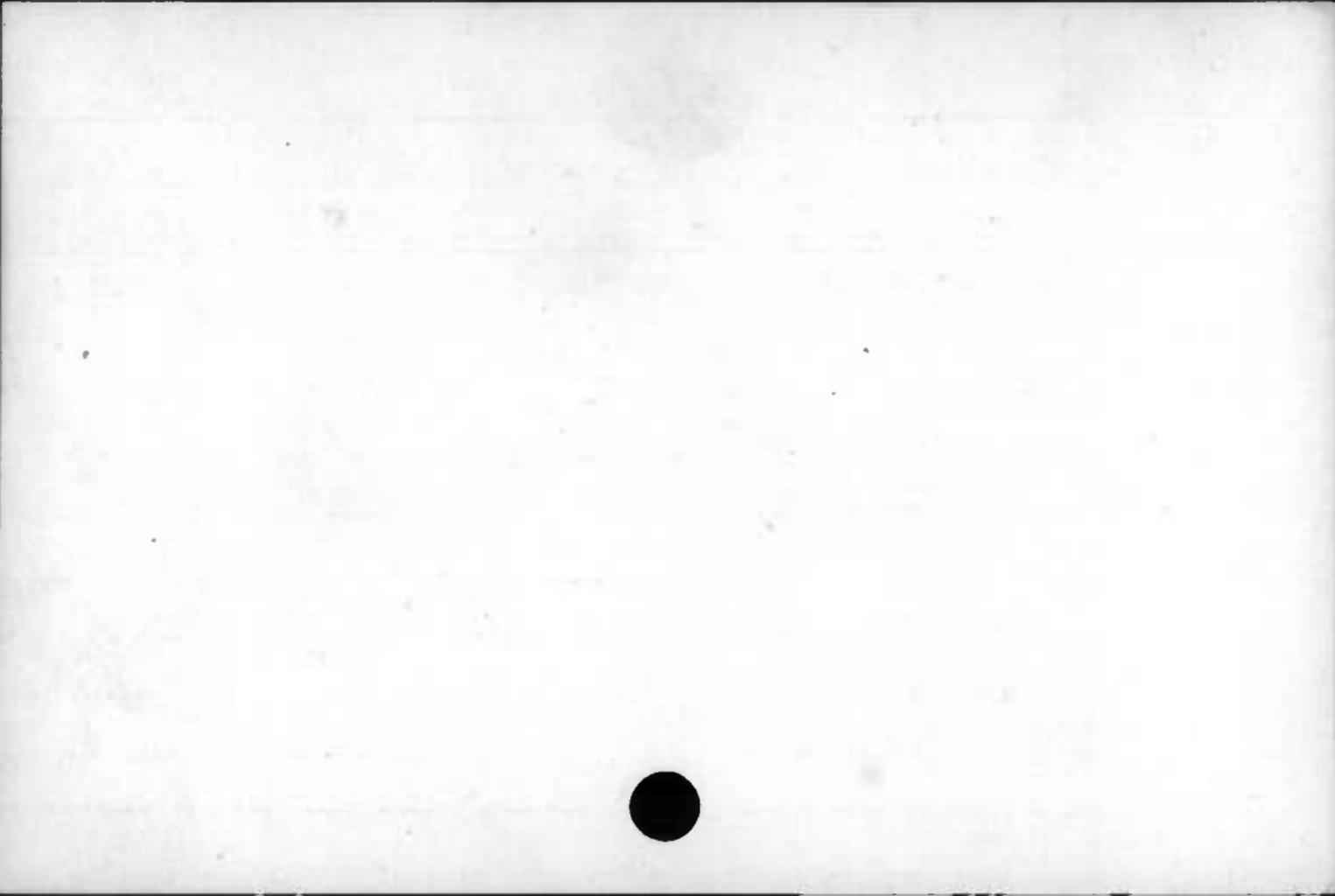
J. Roger Nepon

Wardrobe

Ward

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Lillian A Parker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

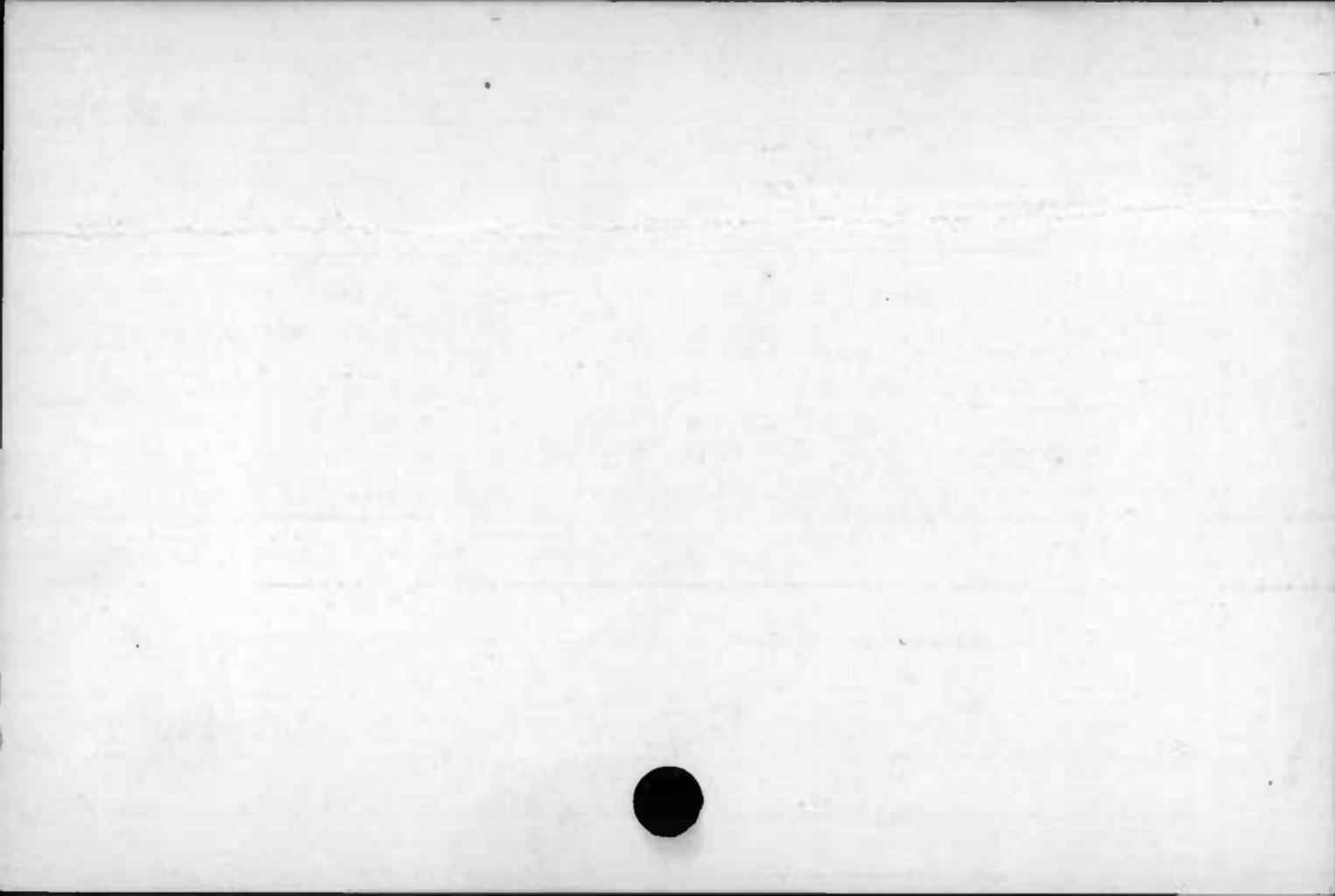
Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	50	-	-
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	George S Parker -			
Father's Name	Robert Sampson		Father's Birthplace	Maryland	
Mother's Maiden Name	Lillian Blackmore		Mother's Birthplace	Maryland	
Name of person giving information	George S Parker		How related to deceased	Husband	

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	Heart disease		How long	Unknown
Immediate	Heart failure		How long	-
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Dr H Black	
		Address	Bremo Rd	
Accident or Suicide?				

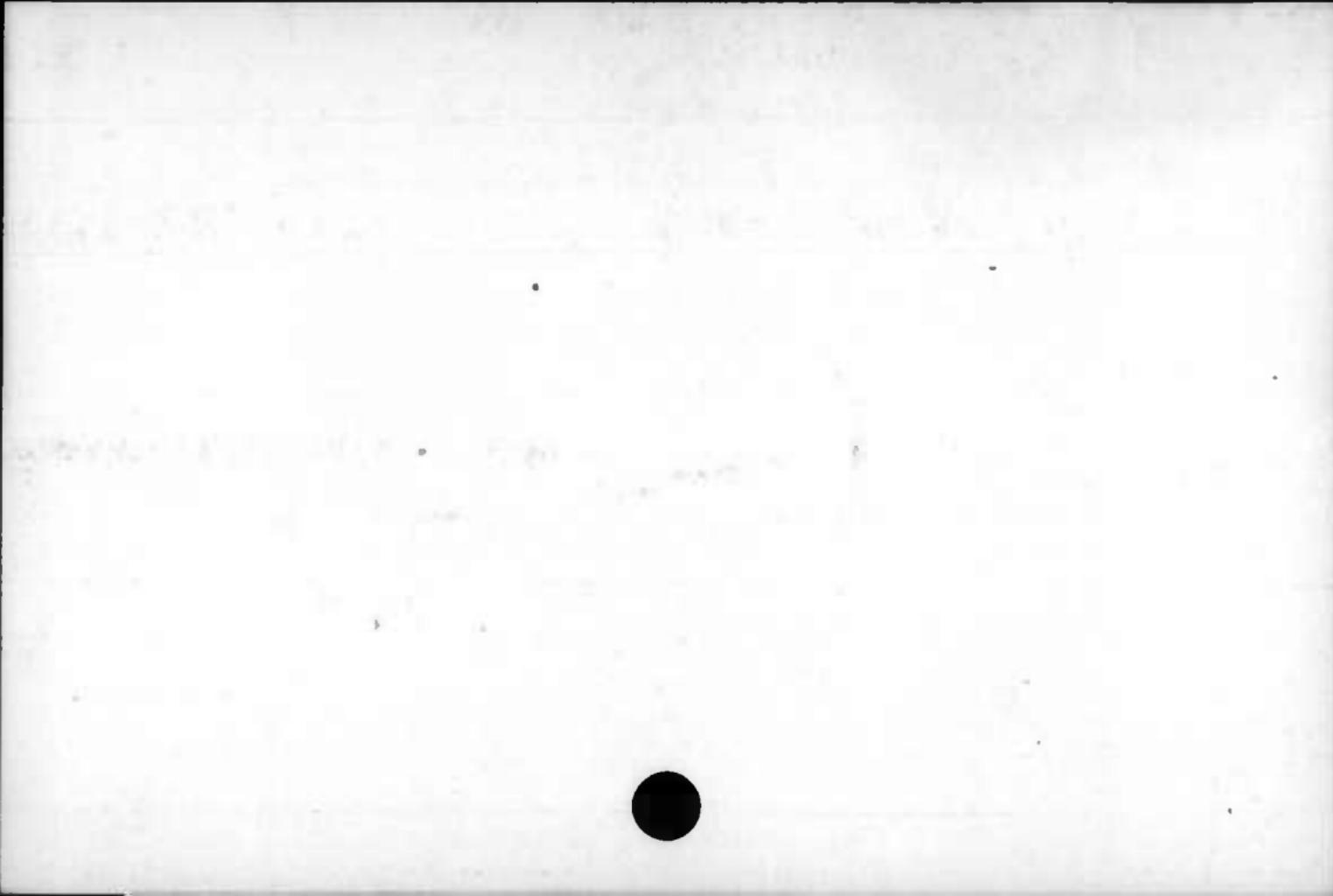


Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH						
Died at <u>J Frank Poole</u> <u>Williamsburg</u>				County <u>War</u>		MARYLAND
Died at	Town	Month	Day	Years	Months	Days
Date of death 1908	Month 3	Day 9	Age 60	Years 6	Months 6	Days 19
Sex male	Color of Race white	Birth-place <u>Caroline Co</u>				
Married, Single or Widowed	Occupation <u>Laborer</u>					
Name of Wife or Husband						
Father's Name <u>Samuel Poole</u>	Father's Birthplace <u>Caroline Co</u>					
Mother's Maiden Name <u>Brittonia Leweswood</u>	Mother's Birthplace <u>Caroline Co</u>					
Name of person giving Information <u>S J Thompson</u>	How related to deceased <u>nephew</u>					
CAUSES OF DEATH						
Primary <u>unknown</u>	How long <u>106</u>					
Immediate <u>strangled</u>	How long <u>5 days</u>					
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician <u>G Rogers Myers</u>				
		Address 	<u>Newcastle Delaw Md</u>			
Accident or Suicide?						

PHYSICIAN
OR CORONER



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at	Town <i>Cathedral Creek</i>	County <i>Dorchester</i>	MARYLAND		
Date of death 1908	Month <i>March</i>	Day <i>20</i>	Years <i>91</i>	Months <i>-</i>	Days <i>-</i>
Sex <i>Female</i>	Color or Race <i>Col.</i>	Birth-place <i>Delaware Co. Md.</i>			
Occupation <i>House wife</i>	Where Residing if not at place of death <i>Gardiner</i>				
Married, Single or Widowed	Name of Wife or Husband <i>Robert Robinson</i>	Father's Birthplace <i>Do. Co.</i>			
Father's Name <i>James</i>	Mother's Birthplace <i>Do. Co.</i>				Mother's Maiden Name <i>Brittania Cummins</i>
Name of person giving Information <i>Mary Rose</i>	How related to deceased <i>daughter</i>				

CAUSES OF DEATH

79

How long

For or six years

How long

six hours

Primary

Nitrate Regulation

Immediate

*Actin Congestion of Lung*Are the name, age, sex, color, date
and place correctly given above?

Jas

Signature of
Physician*Victor L. Carroll,*

Address

*Cambria, Md.*PHYSICIAN
OR CORONER

Accident or Suicide?

14/2

Name
in
Full

Mildred E Robinson

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County			
Date of death 1908	Month 3	Day 15	Age 2	Years	Months 10	Days 18
Sex female	Color or Race		Occupation		Birth-place	
Married, Single or Widowed			none			
Name of Wife or Husband	none					
Father's Name	Willie Thompson				Father's Birthplace	
Mother's Maiden Name	Nettie Robinson				Mother's Birthplace	
Name of person giving Information	Nettie Robinson				How related to deceased	

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	Pneumonia	
Immediate	the same	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	
	Address	
Accident or Suicide?		



Name
in
Full

Thomas Robinson

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Town	County			MARYLAND		
Died at Vienna	Worchester					
Date of death 1908	Month March	Day 23	Age 25	-	Months	Days
Sex Male	Color or Race Colored	Birth-place Maryland				
Occupation Barber	Where Residing if not at place of death					
Married, Single or Widowed Single	Name of Wife or Husband -					
Father's Name John Robinson	Father's Birthplace Maryland					
Mother's Maiden Name Henrietta Fisher -	Mother's Birthplace Maryland					
Name of person giving information John Robinson	How related to deceased Father					

CAUSES OF DEATH

27

Primary

Pulmonary Tuberculosis

How long

5 months

Immediate

Heart Failure

How long

Are the name, age, sex, color, date and place correctly given above?

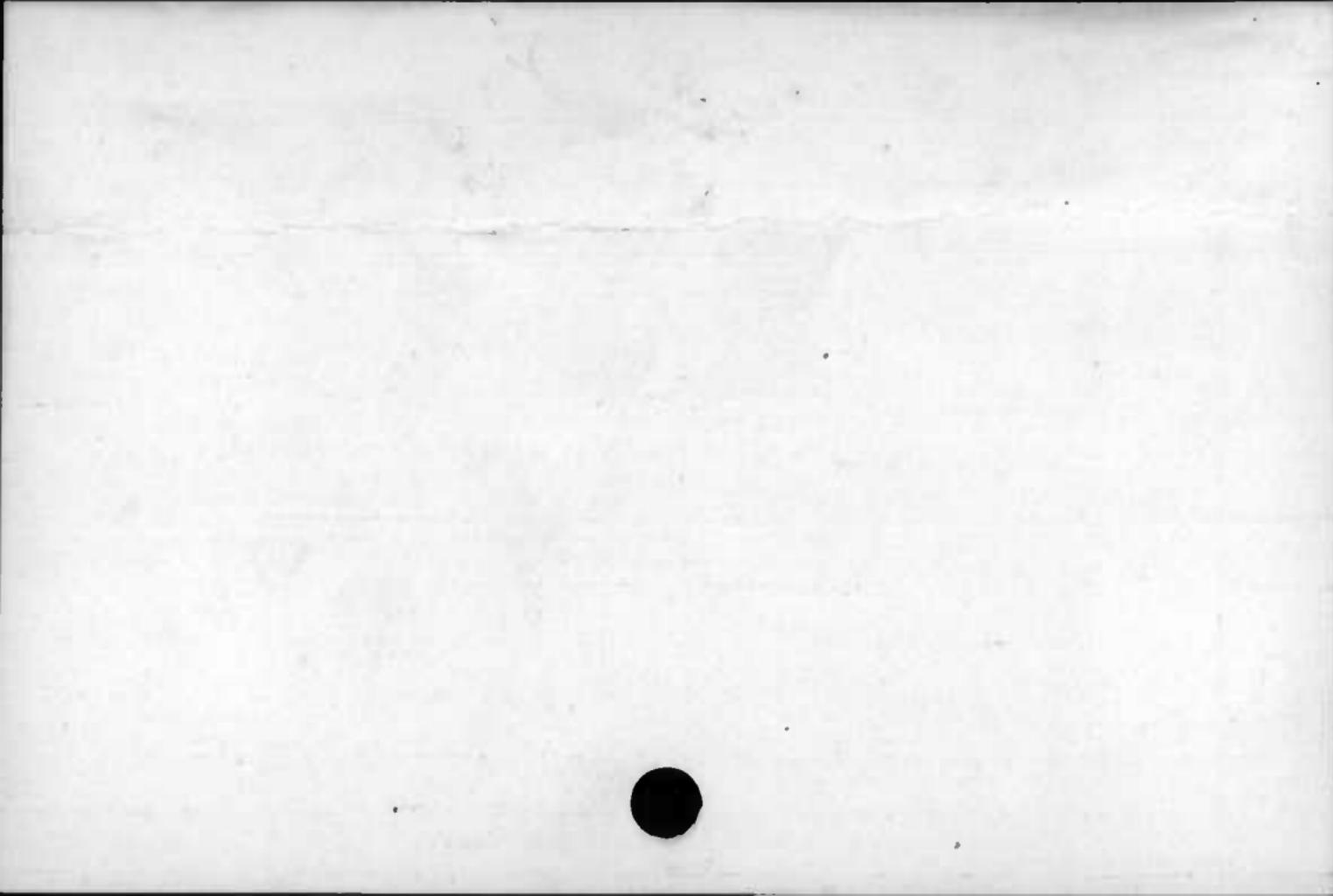
Signature of Physician

Address

J H Blund
Vienna Md

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND				
Date of death	Month	Day	Years	Months	Days		
Sex	Color or Race	white	Birth-place	James, Md.			
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband	Wm E. Edward					
Father's Name	Thomas Edward					Father's Birthplace	Md.
Mother's Maiden Name	Julia Harris					Mother's Birthplace	Md.
Name of person giving information	J. W. Edward					How related to deceased	Son

CAUSES OF DEATH

79

Primary Valvular heart disease
How long unknown

How long

PHYSICIAN
OR CORONER

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

S A Stokes M.D.

Address

R#65 Cambridge Md.

Accident or Suicide?



Name
in
Full

Annie Stedman

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Birth-place			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Wm Steadman			
Father's Name	Richard Le Lou -				
Mother's Maiden Name	Mary Lampamy.				
Name of person giving information	Wm Stedman				

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary

Asthenia

How long

Five weeks

Immediate

Heart Failure

How long

Are the name, age, sex, color, date and place correctly given above?

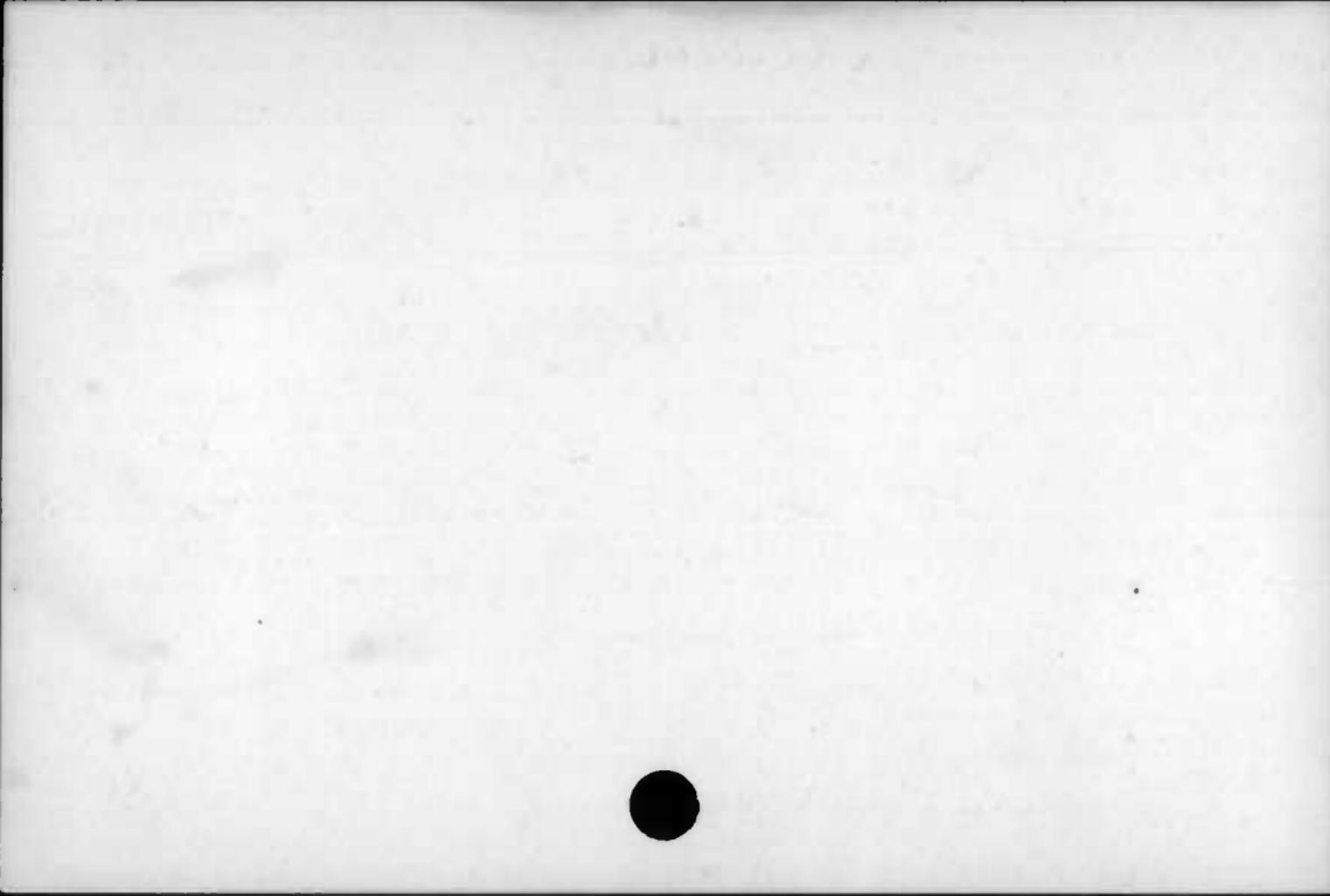
yes

Signature of Physician

Address

W. F. Nichols M.D.
E. N. Market,
Md.

Accident or Suicide?



Name
in
Full

Elizabeth A Stevens

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Hanover		Dor				
Date of death 1908	Month 3	Day 22	Age 76	Years	Months 8	Days 1
Sex female	Color or Race white	Birth-place Caroline Co				
Married Single or Widowed	Occupation none					
Name of Wife or Husband	Wmst Stevens					
Father's Name	Thos Compton		Father's Birthplace		Carolinia	
Mother's Maiden Name	Mother Shorescard		Mother's Birthplace		Carolinia	
Name of person giving information	A J Steven		How related to deceased		son	

CAUSES OF DEATH

79

How long

How long

PHYSICIAN
OR CORONER

Primary

Cardiac asthma

Immediate

the same

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Roger Myers

Hanover Md

Accident or Suicide?



Name
in
Full

William Stoker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Secretary</u>		Town <u>Dor.</u>	County <u>MARYLAND</u>		
Date of death <u>1908</u>	Month <u>3</u>	Day <u>20</u>	Years <u>88</u>	Months <u>-</u>	Days <u>-</u>
Sex <u>male</u>	Color or Race <u>white</u>	Birth-place <u>Dor. Co.</u>			
Occupation <u>none</u>	Where Residing if not at place of death <u>Son in Law's Secretary</u>				
Married, Single or Widowed <u>Widowed</u>	Name of Wife or Husband <u>Mary Stoker</u>				
Father's Name <u>Stoker</u>	Father's Birthplace <u>don't know</u>				
Mother's Maiden Name <u>don't know</u>	Mother's Birthplace <u>don't know</u>				
Name of person giving Information <u>John Bradley</u>	How related to deceased <u>none</u>				
CAUSES OF DEATH					
Primary	<u>General debility</u>				
Immediate	<u>Frost thigh</u>				
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<u>Edward L Jones</u>		
		Address	<u>E.N. Market M.D.</u>		

164

Accident or Suicide?



Name
in
Full

Travers

CERTIFICATE OF DEATH

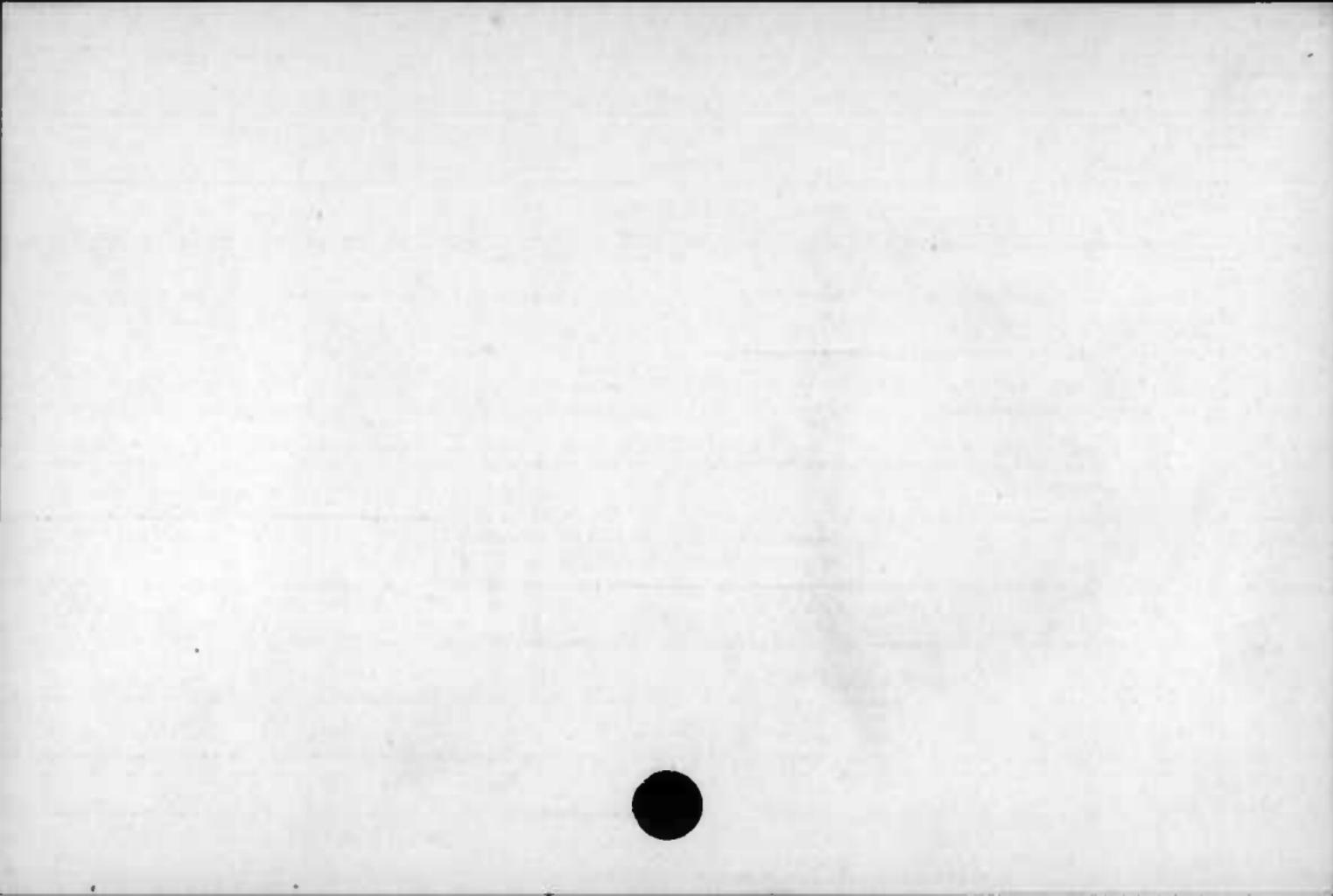
TO BE ANSWERED BY
NEAREST FRIEND

Died at Cambri'dge		Town	Dorchester County		MARYLAND	
Date of death 1908	Month March	Day 25	Age —	Years —	Months Dead	Days Born
Sex Female	Color or Race White		Birth-place Md			
Occupation Child	Where Residing if not at place of death					
Married, Single or Widowed Single	Name of Wife or Husband		Father's Birthplace		Md.	
Father's Name James B. Travers			Mother's Birthplace		Md.	
Mother's Maiden Name Ida M. Dunn			How related to deceased		Father	
Name of person giving information James B. Travers			S			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Reconchment Force		How long	10 minutes
Immediate Asphyxia			How long	can't say
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	E. Wolff	
		Address	Cambri'dge, Md	
Accident or Suicide?				



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Sarah Elizabeth Turner

CERTIFICATE OF DEATH

MARYLAND

Died at

Town

Applegarth

County

Dorchester

Date
of death

1908

Month

March

Day

28

Years

32

Months

4

Days

2

Sex

Female

Color or
Race

White

Birth-
place

Applegarth Md

Occupation

Housewife

Where Residing if not
at place of death

Applegarth

11

Married, Single
or Widowed

Married

Name & wife or
Husband

Sarah Turner

Father's
Name

William J. Rosark

Father's
Birthplace

Dorchester Co Md

Mother's
Maiden Name

Elizabeth Rosark

Mother's
Birthplace

Hopewell Isld

Name of person giving
Information

William H. Simmons

How related
to deceased

Cousin

CAUSES OF DEATH

Primary

Consumption

27

How long

3 years

Immediate

"

How long

6 mo

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

Lawrence D. Ashton Jr.
Hopewell
Md.

Accident or Suicide?



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

<i>John T Wheatley</i>				CERTIFICATE OF DEATH		
Died at <i>Eldorado</i>		Town <i>Eldorado</i>	County <i>Dorchester</i>	MARYLAND		
Date of death <i>1908</i>	Month <i>March</i>	Day <i>9th</i>	Years <i>58</i>	Months <i>-</i>	Days <i>-</i>	
Sex <i>Male</i>	Color or Race <i>White</i>				Birth-place <i>Md.</i>	
Occupation <i>Farmer</i>	Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Celia A Wheatley</i>				Father's Birthplace <i>Md.</i>	
Father's Name <i>J. W. A. Wheatley</i>				Mother's Birthplace <i>Md.</i>		
Mother's Maiden Name <i>Elavie</i>				How related to deceased <i>Son</i>		
Name of person giving information <i>J. W. W. Wheatley</i>						

CAUSES OF DEATH

27

How long

12 months

Primary

Phtisis

How long

11 weeks

Immediate

Pulmonary

Are the name, age, sex, color, date and place correctly given above?

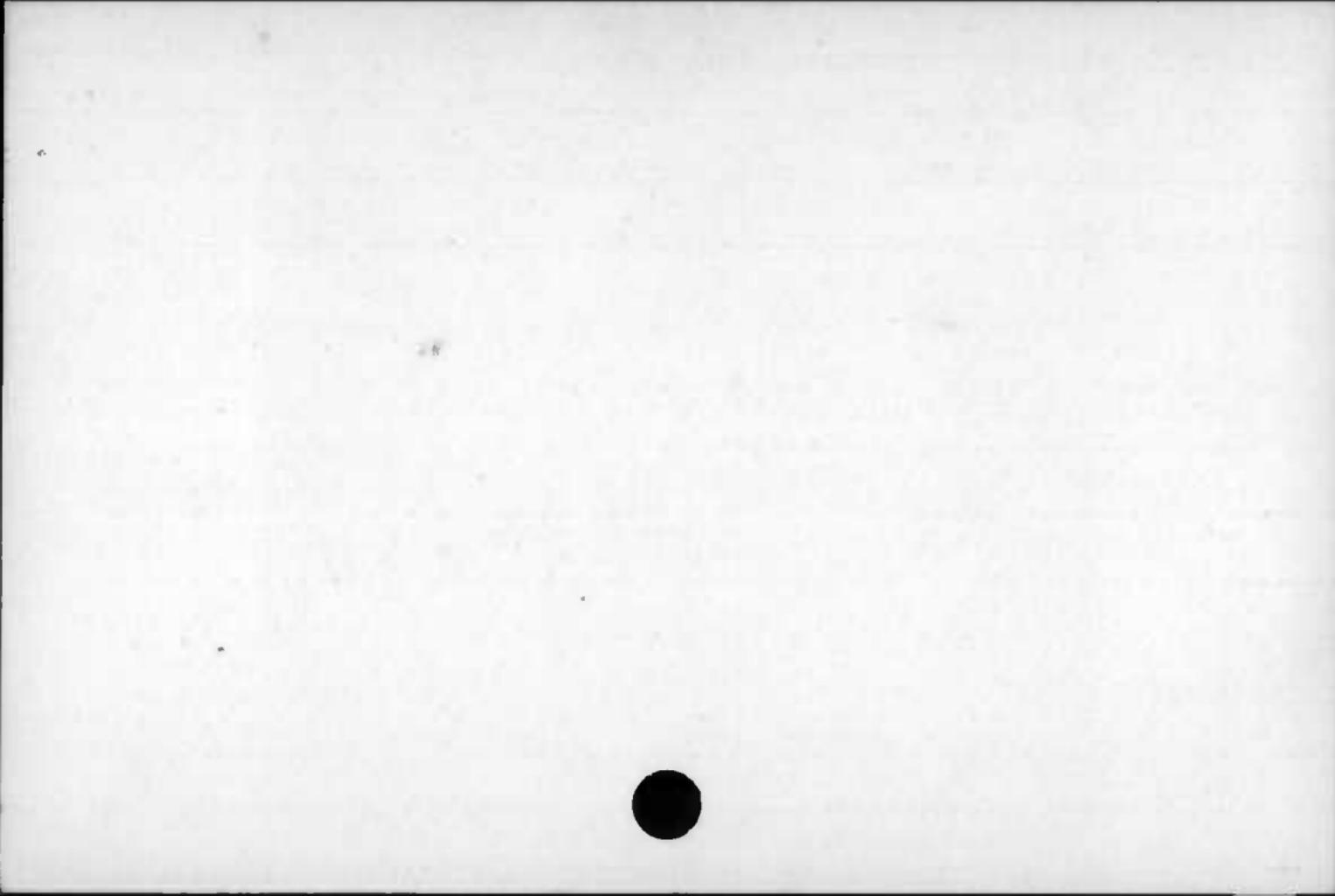
yes

Signature of Physician

Address

*C. J. Maguire**Hancock*

Accident or Suicide?



Name
in
Full

Mary Jane Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Neal Eldorado</u>		Town <u>Towson</u> County <u>Baltimore</u>		MARYLAND		
Date of death <u>1908</u>	Month <u>March</u>	Day <u>14</u>	Age <u>71</u>	Years	Months	Days
Sex <u>Female</u>	Color or Race <u>White</u>				Birth-place <u>Dorchester</u>	
Occupation <u>Housewife</u>	Where Residing if not at place of death					
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>James Miller</u>				Father's Birthplace <u>Dorset</u>	
Father's Name <u>David Andrews</u>				Mother's Birthplace <u>"</u>		
Mother's Maiden Name <u>unknown</u>				How related to deceased <u>Bro in Law</u>		
Name of person giving Information <u>Joseph Miller</u>						

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary

How long

3 years

Immediate

How long

11

consumption

Are the name, age, sex, color, date and place correctly given above?

Yes

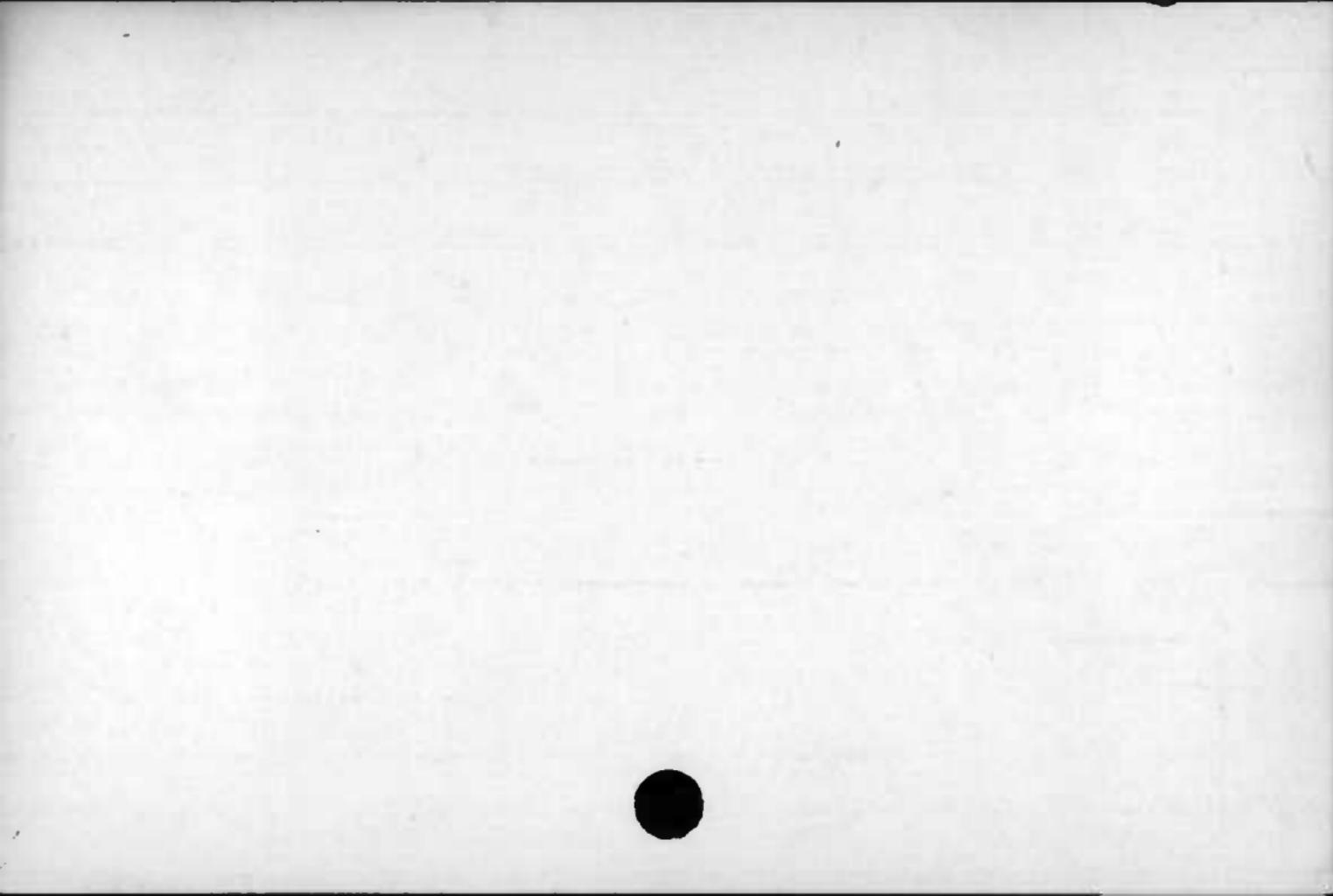
Signature of Physician

None in attendance

Address

Joseph Miller

Accident or Suicide?



Name
in
Full

Wm R Wright

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Wrights</u>		Town	County <u>Baltimore</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>mar</u>	Day <u>29</u>	Years <u>53</u>	Months <u>-</u>	Days <u>-</u>	
Sex <u>Male</u>	Color or Race <u>white</u>			Birth-place <u>Wrights Md</u>		
Occupation <u>Farmer</u>	Where Residing if not at place of death <u>-</u>					
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Annie Wright</u>			Father's Birthplace <u>Md</u>		
Father's Name <u>Henry Wright</u>			Mother's Birthplace <u>Md</u>			
Mother's Maiden Name <u>Mary E Wright</u>			How related to deceased <u>none</u>			
Name of person giving information <u>Robt. W. Heathley</u>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Tuberculosis of lungs.

27

How long

15 yrs.

How long

Immediate -

Are the name, age, sex, color, date and place correctly given above?

yes.

Signature of Physician

S.A. Stokes.

Address

Cambridge

Rt 65 - rd

Accident or Suicide?

